EVALUATIVE STUDY OF HEALTH EDUCATION

In the Public Schools Of the City of New York

BOARD OF EDUCATION OF THE CITY OF NEW YORK

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(A Survey With Recommendations)

DIVISION OF CHILD WELFARE
BOARD OF EDUCATION OF THE CITY OF NEW YORK
110 Livingston Street Brooklyn 2, New York

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FOREWORD

Consistent with the philosophy of modern education is the process of evaluation of results. With this in mind, the evaluation of the program of health education in the public schools of New York City was undertaken.

In the evaluative study of health education, the survey technique was used, with committees of experts in each phase of the health education program evaluating current practices and procedures in their particular fields, and making recommendations for modifications in the program where such modifications were deemed advisable. Over forty sub-committees visited schools and playgrounds on a citywide basis, and studied reports of programs of health education from the five largest cities in the United States.

Representatives of many public, semi-public, and private health, welfare, and recreation agencies cooperated with representatives of selected supervisory and teaching groups of the Board of Education in the evaluation of current practices and in making recommendations for future programs of health education.

It was a tremendous project and public expression of gratitude is hereby made to all those who contributed their time and energies toward bringing the study to its successful conclusion.

"The Evaluative Study of Health Education" was published originally in June, 1947 as a mimeographed report. At that time it was possible to produce only two hundred copies. The report has met with widespread approval and some of the recommendations have already been put into practice. For this reason, it was decided to make the study available in printed form.

The Evaluative Study of Health Education is designed to serve as a guide to school administrators, supervisors, teachers, and all school health personnel in organizing and conducting the activities of an integrated health education program. It is hoped that, in its present form, this study will serve as a springboard from which an expanded program of health education designed to promote the physical and mental health of our pupils and parents, and to contribute to the welfare of the community as a whole shall be launched.

May 1949

WILLIAM JANSEN
Superintendent of Schools

PREFACE

On February 25, 1944, a group of representatives from various teaching and supervisory levels in the New York City schools, as well as representatives from other civic and community agencies, met at the invitation of the Associate Superintendent of Schools in charge of the Division of Child Welfare, Frank J. O'Brien, M.D., to evaluate the program of Health Education in the New York City Public Schools. Each of the members of the group present had previously expressed his willingness to serve on such a committee. At this first meeting, Dr. O'Brien outlined the historical background, cited the purposes and need for such an evaluation, and offered for consideration the details of organization which the evaluation would encompass.

Members of the Committee were chosen from many walks of life, but, for the most part, were representatives of groups that were concerned, either directly or indirectly, with Health Education and Child Welfare in one or more of its several phases. In addition to educators from all levels of the school system, representatives of the following agencies participated in the deliberations of this group:

1. Bureau of Attendance
2. Bureau of Child Guidance
3. Teachers College, Columbia University.
4. Department of Health
5. Greater New York Safety Council
6. Guggenheim Dental Clinic
7. Metropolitan Life Insurance Co.
8. New York Academy of Medicine
9. New York Dental Society
10. New York Heart Association
11. New York Park Department
12. New York Police Department
13. New York Tuberculosis and Health Association
14. School of Education, New York University
15. Public Education Association
16. Public Schools Athletic League
17. Queensboro Federation of Mothers' Clubs.
18. State Education Department
19. United Parents Association
20. U.S. Public Health Service

Dr. O'Brien emphasized to the members of the Committee that the organization of this Study did not necessarily imply adverse criticism of the existing program, but he insisted that only through periodic reevaluation of our functions, objectives, and procedures could we be certain that professional growth and achievement are keeping pace with the needs of society and of our children. He said in part: "In the continuous process of change through which our social institutions are passing, those objectives which seemed worthwhile yesterday may have become outmoded or inadequate through the exigencies of modern living. Such may be the case in Health Education. Therefore, it is the

purpose of our study to evaluate the existing areas in the health education program in the light of accrued knowledge, experience, and present-day needs. In addition, it will be necessary to compare critically our setup with those of other large educational systems, and to develop standards and make recommendations that will result in a workable philosophy and an effective program of health education."

As outlined at this first conference, the survey was divided into six areas. Within each area, from five to eight sub-divisions were developed. Members of a Central Committee were appointed as chairmen of these sub-divisions and authorized to recruit committee membership. During the Spring of 1944, sub-committees were formed to study forty sub-divisions of the six areas of the survey. A glossary of terms was developed in order that common understandings of key terms might be established among the members of the sub-committees.

During the school year of 1944-45, sub-committees and consultants met regularly. Schools were visited, authorities were consulted, procedures in other cities were compared with those of New York, and round-table meetings were held. Out of these activities grew the Committee's first or interim reports.

In the fall of 1945, these interim reports were analyzed, restudied, and rewritten as final reports of the sub-committees. Then each final report was mimeographed and mailed to each member of the Central Committee for approval, or criticisms, and modifications.

During January, February, March and April, 1946, a series of conferences was held by the Central Committee to appraise the work of four committees of integration that had combined all the reports in three of the areas on each school level—the elementary, the junior high, the vocational, and the academic high school.

After all reports had been considered and approved, they were submitted to the Articulation and Editorial Committee, which was charged with the responsibility of writing the final draft of the report.

The Director of the Study expresses warm appreciation to all members of the Central Committee and sub-committees for their untiring and unselfish efforts to make this report a blueprint of future programs in health education. He acknowledges with a deep sense of gratitude the valuable contributions made by the sub-committee chairmen who were responsible for sub-committee morale and for tying together into a unified whole, the results of the investigations of their groups.

In a situation in which all who were identified with the project have worked so well, it is difficult to single out individuals for special citation, but the Director feels that he must acknowledge his personal indebtedness to the Chairmen of the Integration Committees, Mrs. Isabella F. Forst, Principal of Junior High School 220; Mr. Benjamin Fox,

Principal of Alexander Hamilton Vocational High School; Dr. Gabriel Mason, Principal of Abraham Lincoln High School; and Mr. Charles Trace, Principal of Public School 221; and to the Articulation and Editorial Committee, Miss Monica D. Ryan, Principal of Far Rockaway High School; Dr. Charles G. Eichel, Principal of P.S. 202; and Dr. Jay B. Nash, Professor of Education, New York University.

June 7, 1947

JOHN J. CARMODY
Director of the Study

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INTRODUCTION

"Basic to good citizenship and productive occupational activity are healthy individuals. Good health is the key to the fullest development of individual potentialities." Thus the Director of the Bureau of Youth Services in the Connecticut State Department of Education, Paul D. Collier, enunciated a goal that leading educators in the nation seek to achieve.

Not all educators needed the premium put upon good physical and mental health during two world wars to realize that one of the prime objectives of the schools must be the guarding of health, the development of health practices, the development of organic vigor, and of neuro-muscular coordination. The realization of such goals, however, depends upon a concerted, long range program developed from the child's early years and progressing uninterruptedly to adulthood.

Upon whom does the responsibility of developing and administering such a program devolve? Is it the school? The home? The community? Voluntary agencies, or any specific government agency? Each makes a definite contribution, but unless these contributions are coordinated into a well-organized unit with specific objectives for each group in the program to achieve, we shall fall short of our aim to produce normal, healthy citizens for our community in peace as well as in war.

Though in the past the schools carried the greater part of the responsibility for the health education program, they did not adequately meet the needs of the individuals in their care. The fault was not altogether with the policies of the Board of Education and the leadership of educational administrators, but lay also with the economic policy that neglected to provide the necessary funds for personnel, equipment, supplies, space, and services. In addition to this short-sightedness, the curriculum in Health Education has admittedly grown by accretion. From time to time as public health demand clamored for change, portions of the syllabi in health education were added and others revised.

One of the purposes of this survey is to suggest an administrative framework of health education in the public schools in its various ramifications—health instruction, health services and guidance, and physical education, on all levels of the school system—elementary, junior high school, vocational high school, and academic high school. Such a framework would, it is hoped, in the future prevent haphazard development of the health education curriculum.

The municipality that is to be served in the future by the children of today, should be ready to serve these children liberally. No tax rate

should bind its generosity; no penny-pinching should dictate its fiscal policy. Municipalities must be prepared to provide all the varied types of personnel needed; purchase equipment and supplies necessary for the proper administration of the program; and establish every service for health and safety needed to make the community a healthful environment for children.

We fully appreciate the work done by volunteer agencies that provide health services to the schools. Such services should be rendered, however, by regular personnel in either the Education or Health Departments. The municipality should not be compelled to depend upon such agencies that must solicit funds to carry on their work from year to year. If all agencies are part of an organized program of Health Education, the municipality, then, will find unified, coordinated facilities at hand to meet all health needs.

In order to attain these specified goals, colleges and training schools which provide teachers for our schools should include a thorough, intensive training program in Health Education. These prospective teachers should be fully cognizant of the philosophy of our present-day education which sets the development of good health and of wholesome personality above the possession of factual knowledge. Teachers should know the factors of good health; be in good emotional and physical health themselves; and know the whole child so well that they will be aware of deviations from the normal in the child whenever these deviations manifest themselves. Such training should continue through the whole period of service rendered by the teacher.

Basic to the whole program as outlined in this survey is a well-developed program of adult education. Parents can be the key to the happy solution to this problem. They themselves must become informed and enlightened in health matters and then in turn must assume the health guidance of their young children during the pre-school years. Parents Associations, teacher-parent councils, city colleges, privately supported universities, and the Health Department of our city must coordinate their efforts in a program of adult education which will produce the desired result—enlightened parenthood on all economic levels.

The schools of our community can be no better than the community permits them to be. Each family in the community has its responsibility; and each department of the municipality has its own contribution to make. If these groups accept their respective responsibility and work closely together, then there will emerge a program of health education that will function not only in the schoolroom but also in the home and throughout the entire community.

In the Evaluative Study of Health Education, the committees engaged in the project sought first to evaluate current procedures in the

field of Health Education in the public schools as they relate to courses of study; to the allocation of time, and of space facilities.

They sought secondly to survey the professional qualifications and preparation of personnel; to examine pupil-teacher ratio and to study the relationship of the school programs in health to those of cooperating community agencies on all school levels, e.g., elementary, junoir high, academic high, and vocational high schools.

On the basis of their studies, recommendations are made for modifications consistent with modern tenets of education.

The study seeks the achievement of coordination between the schools and other community agencies in allied health fields, especially in the development of services for atypical children; namely, the physically, mentally, and emotionally handicapped.

The Study seeks to develop a philosophy of health instruction that will result in the establishment of functional health habits, attitudes, and ideals as well as the scientific basis for health knowledge. It seeks to expand the scope of health instruction from its present confinement at certain levels of pupil achievement to a complete range of the child's school experience and maturational development from grades one through twelve.

The Study seeks to develop the framework for a sound physical education program with an extensive schedule of intramural and interschool athletics growing therefrom as the laboratory of the class instruction period. In the intramural program of athletics there is presented the greatest opportunity to render service to the greatest number for the greatest good.

In its deliberations and the formulation of its recommendations, the Committee has been deeply conscious of its obligations to children; but it has also been aware that, unless its suggestions were kept in the realm of practicality, they would fail of accomplishment.

FRANK J. O'BRIEN, M.D.
Associate Superintendent

I

The Elementary School Grades

This chapter deals with the school health program for the pupils in the elementary school grades. The administrative framework operative today in these schools varies greatly. In School A, one may find health teaching given casually in the hygiene period of the program or incidentally, as health items project themselves in the "centers of interest" about which instruction today is organized. In School B, one may find the health work considered so important that all teachers are aware of the health implications in every school procedure. Teachers, too, in this health-minded school, plan their health instruction as a vital part of their curriculum in definite units set for their grades; for example, "Making America Strong," a unit on "Foods," and "Our Engine," a unit on the heart and its function.

In these schools, also, each child's health is studied intensively. Periodic examinations by the school doctor and the school nurse reveal defects in the inherited powers and capacities of the child. The correction of these defects becomes the principal duty of the nurse who works with the community agencies and the parents. In schools in which the good health of the child is not merely an ideal stated in words but a *real* objective, the school personnel extend their influence into the many forces of the environment that exist in the community.

The Committee to Study the Program on the Elementary School Level makes the following recommendations from the standpoint of curriculum, personnel, and such administrative elements as time, space, facilities, and records.

THE CURRICULUM

Health Instruction

1. *The course of study in health education should, as far as possible, be developed in terms of activities that will lead to good health and safety habits.*

Emphasis in the elementary course should be placed on desirable activities, rather than on subject matter.

This recommendation is based upon a study of the replies to the questionnaire sent to principals of elementary schools. A summary of the questionnaires indicate that it will be possible to modify the course

of study in terms of activities and units of study to conform to the health education elementary school program. Re-organization is a matter of changing from mere acquisition of facts to health activities.

2. *The topics Food and Safety and Accident Prevention should be greatly expanded and included in the course of study for each grade.*

A great majority of the returns stated that the subjects of Food and Safety are insufficiently treated in the present course of sudy and should be expanded if proper eating and safety habits are to result from the instruction given.

Since these topics are a vital part of the child's experience from the kindergarten through the terminal year of the elementary school they should be progressively treated in each year of the curriculum, the goal of teaching to be the increasing assumption of personal responsibility for his own health and safety and that of his companions.

3. *More instructional material should be made available.*

A central bureau of visual aids located at the Board of Education should develop and make available to the schools special supplementary material such as, films, projectors, pictures, stereographs, flat pictures, strip films, microscopic slides and other audio-visual teaching-aids. The Health Education Department should be responsible for informing schools of available material and for the distribution to, and the collection of, such material from the schools.

A subject matter library should be organized in the central bureau of the Health Education Department.

4. *The periodic medical examination and follow-up should be recognized as an educational experience for both child and parent, and as an opportunity for the teacher to motivate increased interest and responsibility for personal health.*

These medical examinations will keep teachers informed about health problems frequently enumerated, which serve a vital area of health teaching.

5. *The development of a pre-school course of study emphasizing the pre-school health preparation or readiness upon which the success of the health teaching in the curriculum depends, should be planned carefully and jointly by teachers of the lower grades, the health education teacher, pediatricians from the Department of Health, and parents.*

This phase of education not heretofore included in the education of the pre-school child and its parents in the field of health should be stressed. The course of study designed to set standards for children

should be developed as a joint enterprise of the Board of Education and the Department of Health to the end that children upon entering their formal schooling would have reached that stage aptly described by Dr. Jay B. Nash as health readiness.

The health habits and practices with which the course of study thus cooperatively developed seeks to endow the average school pupil should be the common heritage of all children of the age of five.

This course of study would be part of a program of adult education to be conducted by the Board of Education in conjunction with the Department of Health. Parents Associations should conduct a series of lectures for their parents. Radio stations should donate time for a series of radio talks on matters important to parents whose children are about to enter school.

Bulletin 11 of the New York State Association of Elementary Principals under the date of December, 1946 states:

> "The P.T.A. has for some years included in its activities the organization of parents of pre-school children into groups which study child development and behavior problems, discuss diet and health habits, and consider ways of preparing the child for membership in the larger social group to be met when he first attends school. These groups would welcome and profit by more help from the elementary school principal than they usually get. The principal who does cooperate and give the movement the benefit of his experience and moral support has much to gain through increased appreciation of the problems of parents of younger children; and the associations he forms with them through such meetings will make vastly easier his guidance problems all along the line. Again let it be stated that, even though comparatively few parents participate at first, and those often not the ones who need it most, such activities, entered into whole-heartedly, are well worthwhile. In fact, any principal who would discharge his responsibilities and make the most of his opportunities to be a guide to children must reach the parents of pre-school children at some time and in some manner. And here it may also be said that the principal who can interest fathers, as well as mothers, in this program performs a yeoman service for children and dads alike."

Health Service

1. *Provision should be made in all schools, in conformity with Section* 200 *of the Sanitation Code of the City of New York, for proper toilet facilities, including soap and towels or other hand-drying apparatus.*

2. *More and extensive dental service should be made available for the children requiring dental care, especially for those children whose parents are financially unable to provide proper treatment.*

The Board of Education has arranged with the Health Department that the latter provide services for all children whose parents have no private physician. Similar arrangements should be made for pupils whose parents have no private dentist.

The following statistics support the contention of the committee that more dental clinics are needed in the elementary schools. These unfortunately, do not exist in the senior or vocational high schools.

Number of Dental Clinics in the Elementary Schools..... 100

Number of Dental Clinics in District Health Centers..... 16

When we realize that there are 589 elementary schools, the number of clinics operating today is really too small to care for those who need dental care.

Number of Dental Hygienists..... 108

Dr. Strusser, Chief of the Dental Division of the Department of Health of New York City estimates that for each school of 1500 pupils, one part-time dentist, who will serve three hours each school day, and one full-time dental hygienist could take care of the dental work of that school.

> "For New York City, which is already carrying on an extensive dental program, five full-time dentists, two hundred part-time dentists, each serving three hours each school day, and two hundred and fifty part-time dental hygienists are recommended. This, however, is based on minimum services for health education without the extensive dental service program. It is to be noted, however, the committee's concern is that the basic services should everywhere be available and that the communities should go beyond the basic minimum in accordance with the public health needs of their respective population, the demands of the citizens, and the extent of their resources."

3. *In addition to the present system of examination and follow-up of selected children, provision should be made to extend the periodic health examination and follow-up to all school children.*

The procedure today is for pupils upon entrance to school to be examined by the school doctor, or by their own personal physicians. Additional examinations are planned for pupils in the third year and in the sixth year. The committee feels that three years is too long a time for a child in the growing period of his life to go without a com-

plete examination by a doctor. It, therefore, hopes that the Board of Education and the Department of Health will make mandatory a complete, thorough physical examination in the first, third and sixth years, and a check-up on each pupil in the years between.

4. *There should be a set of directives for the guidance of teachers instructing them definitely in the procedure to be followed in sudden illness and accident.*

5. *The Health Guidance Program should be expanded to include the parents.*

Parents should be regularly informed of the health conditions of their children and should assume the responsibility of providing for the health of their family.

6. *Parents should have the primary responsibility for the health of their children.*

Under ordinary circumstances the school should not assume any health responsibility which belongs to the parents; however, a liaison between school and home should be developed with regard to pupils' health status.

The educational services of the Board of Education should aid all health and community groups, and should be fully utilized to bring the various specialized and general information which will assist the parents in maintaining the optimum health for each child.

7. *Training should be given teachers in methods of observation and evaluation of symptoms. This applies both at the normal school level and during in-service training.*

8. *Each teacher should know the health status of his pupils and be alert to changes suggesting the need for medical referral.*

9. *A more effective method of reports, their construction and method of transfer from school to school should be introduced.*

Only standard forms of the Board of Education and the Department of Health should be used by the Schools. A bound volume of sample forms should be given to each school.

Machinery should be established for a more efficient system of transfer of records from elementary school to secondary schools.

Better integration between the nurse's card and the teacher's card should be effected.

Physical Activities

1. *All elementary schools should develop a complete athletic program in conformity with the regulations of the State Education Department. This program should include: A wide range of intra-mural athletic contests, sports and games; under careful guidance modified and restricted inter-school athletic contests; field days; play days; and athletic pageants.*

2. *The administration and supervision of the physical activities of the health education program should be delegated to trained teachers of health education on a full-time basis.*

   This teacher would be in charge of the physical activities of grades 3 to 6 and serve as consultant to the other teachers in the school.

3. *Swimming should be an integral part of the total health education program.*

4. *There should be recognition of the need for an after-school and out-of-school recreation program for boys and girls as an integral part of the health education program.*

5. *There should be an extension of the school program for recreational purposes to 5 p.m. to provide more opportunity for the types of activity enumerated under 1 and 3 for the boys and the girls.*

   All after-school athletic centers from 3 to 5 p.m. should be placed in charge of the Health Education Department with regular school personnel to conduct and to be responsible for this phase of the program.

   Evening community centers should continue to be in charge of the Division of Community Education.

6. *There should be provided paid and specially trained health education personnel to carry on this extended recreational program.*

7. *The extended program should stress the recreative and play aspect of games; it should provide practice and training in those sports which will prepare for pleasurable leisure-time activities in adult life; and it should avoid the dangers of intense competition and specialization.*

8. *There should be definite budget provisions for the extended school recreational program.*

9. *All activities which stem from the school should be under the supervision of the principal of that school.*

Physically Handicapped

1. *Conferences should be arranged between school principals and classroom teachers and the heads of divisions of the school system, who are charged with the responsibility of making suitable provisions for the care and education of physically handicapped pupils.*

Advisory committees of physicians, nurses and health educators should be organized to bring to bear a wider community interest in the problem of the physically handicapped.

2. *There should be a substantial increase in the time allotted for examination and supervision by school physicians and school nurses.*

3. *Activities for each handicapped child in a special class should be prescribed by a physician.*

4. *The handicapped children for whom rest periods are required, should be provided with a room separate from the room in which instruction is carried on.*

The survey of schools reveals that space for rest periods for the children of cardiac and other special classes is inadequate.

5. *Service for deaf and hard-of-hearing children should be materially extended both for diagnostic service and for individual treatment.*

Such individual care should be given on the recommendation of the physician in the Department of Health assigned to that work. Treatment, however, should be received through a private practitioner of medicine or through appropriate clinics. There should be closer integration of the program of these children with the program of speech improvement and lip reading.

The committee was impressed with the extensive development and diligent use of the audiometer for testing the hearing of pupils. It was not convinced, however, that adequate provisions are made to follow-up the children found to have defective hearing. The usefulness of the audiometer testing is in proportion to the diagnostic service and the individual treatment given.

6. *The Health Department should establish specialized service to those children found deaf or near-deaf.*

Lip reading instruction should be provided for all such children.

7. *Arrangements should be made to provide an extension of the number of sight-conservation classes in order to accommodate those children who are working under a handicap and an emotional disadvantage.*

This recommendation is made after a study of the visiting com-

mittee which was impressed with the fine work of the teachers. However, the committee advises that a thorough study be made of the lighting conditions in sight-conservation classes to the end that maximum light be provided for these handicapped pupils.

8. *A beginning has been made in the organization of classes for doubly-handicapped children; those who are both physically handicapped and mentally retarded. An extension in the number of such classes should be planned without delay.*

PERSONNEL

The following is the design for personnel in a complete pattern for the health education program planned in our schools.

Many of these persons are in our present pattern of health education; what the committee suggests is a re-arrangement of organization, a change of assignment for some, and the addition of needed persons to permit the most effective health work possible.

These recommendations resulted from the work of the several committees on the different levels. This blue-print is, therefore, presented in this report. New positions or new arrangements for positions in our present pattern will be indicated by an asterisk (*).

1. *The Associate Superintendent of Schools in charge of the Division of Child Welfare should be the coordinator of all the health activities of the Board of Education and the Department of Health.*

2.* *An Assistant Superintendent should be assigned to act as the deputy of the Associate Superintendent in charge of he Division of Child Welfare.*

It will be his duty to coordinate and integrate all health activities of the schools for both normal and physically handicapped children. He should call joint meetings of representatives of both departments regularly, plan surveys, provide health services, and organize research work in which both groups will take part.

The committee recommends that this person be an assistant superintendent because of his training, his school experience, and the prestige such a position would give him in dealing with other assistant superintendents, principals and teachers connected with the work. This deputy would free the Associate Superintendent from the routine assignments of his office.

3. *A representative of the Department of Health should be assigned by the Commissioner of that department to assist the Associate Superintendent in maintaining an integrated health program in the schools.*

He should provide, maintain, and supervise medical, dental, and nursing services in the schools, and establish the medical, dental, and nursing procedures under which these services operate. Where the Department of Health does not furnish these services directly, the responsibility for the supervision of such services provided in a school should rest with the Board of Education. Personnel employed in these special services should be approved by the Board of Education. It should be the policy of this personnel to advocate the full use of the services of the family physician and other medical resources of the community. The Department of Health, however, should have the right to review the recommendations of the private physicians with respect to school placement and adjustment.

4.* *Two administrative directors should assist in the Division of Child Welfare with budget making, in-service training, research, public relations, and all other assignments made to them by the Associate Superintendent or his deputy.*

5. *A Director of Health Education of the Board of Education should be in charge of the health education program in the schools.*

He should develop the curriculum, establish and supervise the health teaching, and assist in planning for healthful school environment. He should also coordinate the school program so that the medical, dental, and nursing services, as supervised by the Commissioner of Health, operate effectively.

6.* *A Director of Physically Handicapped Children should be assigned to the administration and supervision of the classes for the physically handicapped child and the homebound, and for the training of teachers for their respective departments.*

He would be directly responsible for supervision of classes for the crippled, blind and sight-conservation, health improvement classes, home bound and hospital classes, and for work with the deaf, near-deaf, lip reading and speech improvement.

7.* *Six subject-matter specialists should serve as assistant directors of health education and five should be directly responsible to the Director of Health Education. Each will be in charge of respectively: health instruction, health service, physical activities for boys, physical activities for girls, and safety education.*

Through this method of assignment, educational articulation among various school levels may be affected. Educational integration also will be affected because there will be one person who will be charged with the responsibility of grading the work from the Kindergarten through the 12th year in his special subject.

The assistant director assigned as subject matter specialist for physically handicapped children should be responsible to the Director of Handicapped Children.

8.* *The present positions assigned to the administration and supervision of physically handicapped classes should be filled by assistant directors of physicaly handicapped children and should be responsible to the director mentioned in number* 6 *above.*

9.* *Sixteen supervisors should be assigned to coordinate the program from Kindergarten through* 12B *on a geographical area basis. The distribution suggested is the following:*

Manhattan	3	Queens	4
Bronx	4	Staten Island	1
Brooklyn	4		

These supervisors would report directly to the Director of Health Education and not to the subject matter supervisors. Supervision in any subject area should not be divided into levels such as elementary, junior high, and senior high. Coordination can best be affected if a supervisor is assigned to follow one phase of work throughout all levels—elementary, junior and senior high schools.

Careful study will reveal that re-organization, according to these recommendations, would entail re-assignment rather than recruitment of additional personnel.

10.* *Additional clerical help should be assigned to the Division of Child Welfare in order to keep pace with expanding activities and increasing pupil personnel in their different departments.*

11. *The admnistrative head of the school should assume the responsibility for the health education program in the school.*

This supervisor should act as the chairman of the School Health Council. He should enlist the cooperation of all contributing personnel and integrate the program of health education in that school.

12.* *There should be a guidance counsellor in every elementary school. She should have special training in mental hygiene, physical health, community resources and educational and vocational counselling. This person should be licensed as a guidance counsellor.*

This counsellor should assist in carrying out the following school responsibilities:

a. Screening of problem cases to determine the appropriate treatment for each of them.
b. Acting as liaison officer with Board of Education agencies, and with family and children's agencies in the community.

c. Supervising group testing and remedial programs.
d. Following up class and curricular adjustments for individual children.
e. Following the progress in school of children with special problems.

The job of guidance counsellor calls for a person who will be identified with the particular school, who will have had training in education, and who will be aware of the therapeutic potentialities of group educational experience. It does not lessen the need for other professional services, but sets up the necessary framework to make possible effective psychological case work.

This counsellor should be given access to complete clinical and other facilities for the effective conduct of her assignment.

Recruiting for this field of service should be made on the basis of interest, personality and aptitude.

13.* *A visiting teacher should be assigned to one school with a register of* 1500 *or more, or to two smaller neighboring schools.*

This specially-trained teacher should have social service experience so that she may prove an effective liaison officer between the school and the home of the pupils.

Through her visits to the home and her conferences with the parents she can provide desirable attitudes and encourage a fine cooperating spirit between home and school. She will also use every agency in the community to assist the children with a problem to rehabilitate himself.

14.* *A school health education counsellor should be assigned to each school on a full time basis. This person should assume all the duties now performed by regular teachers who are being freed for an hour or two a week to act as health counsellors of the school.*

She should follow up all health cases, interviewing parents, and arranging through the school nurse appointments with hospitals, clinics, private doctors, and the school physician. The counsellor shoud act as consultant to all teachers of the school on all health education matters.

15.* *A special health education teacher should be assigned for every thirty periods of physical activity or major portion thereof in grades* 5 *and* 6.

A directive of the State Education Department extending the program of competitive intra-mural and inter-school athletics downward to include grade 5 in the elementary school makes necessary specialization of instruction in athletic activities. This teacher should, therefore, conduct classes in physical activities in grades 5 and 6, and conduct school athletc contests, intra-mural programs, etc.

The regular classroom teacher would assist this special teacher by individualizing the work for those children who need special attention.

16.* *A teacher of swimming who should be a licensed teacher of health education should be assigned to any school large enough to conduct a program of thirty periods of swimming.*

A teacher of swimming may be assigned to two small neighboring schools from which the teacher of swimming will recruit pupils to make a thirty-period program.

Pupils for swimming classes should be recruited from grades as low as the fourth year.

This recommendation is predicated upon the assumption that swimming will be included in the activity program of grades 4-6 inclusive.

17.* *Additional showers instructors for boys and for girls respectively should be assigned to the schools so that each school having shower equipment will have a showers instructor.*

These instructors should handle the shower equipment; teach pupils the value of regular, frequent showers and baths; inspect the children for rashes, skin ailments, or other markings that may reveal ill treatment; and teach personal hygiene to the pupils.

18. *Personnel connected with medical and dental service to each school should include a physician, a nurse, a dentist and a dental hygienist. The time spent in each school by this team should be determined on the basis of demonstrated need.*

Pediatric and psychiatric service should be given in each district health center to those pupils referred by the principal in each school upon the recommendation of the nurse.

19.* *A Health Council should be organized in each school.*

This council should consist of such personnel as: the supervisor in charge of health education, the school health counsellor, the teacher of physical activities, representatives for grades kindergarten-2, grades 3-4, grades 5-6, the school nurses—medical and dental, the visiting teacher, the guidance counsellor, the lunchroom manager, the custodian, and a representative of the parents association.

20.* *A trained clerical assistant should be assigned to the personnel in charge of the health program in the school. She should be the recording secretary of the School Health Council.*

21.* *A substantial increase should be made in the number of physicians and nurses, and in the time allotted for examination and supervision by the school physicians and nurses of physically handicapped children.*

On the basis of present registration in this division, the number of physicians and nurses should be greatly increased. The time assigned to

schools for the services of physicians and nurses should be increased for schools having special classes for physically handicapped children.

22.* *The Director of Health Education, in conferences with the Director of Child Guidance, the assistant superintendent and the principal of the school, should determine separately what should be adequate psychological, sociological, dental and medical services for that school.*

It is not feasible to set up ratios for their services since the needs vary so widely that one school district might need one worker for every 200 children, whereas another area would require one for every 2000, hence, the above recommendation.

23.* *Salaries, pensions, and other prerequisites should be so generous as to invite the finest men and women in the profession into this field on a full time basis.*

TIME ALLOTMENT

1. *The following time schedule is recommended for elementary schools:*

   A. Physical Activities (per week)

1. Kgn.-2nd	10 periods of 15 minutes each	5 in A.M. Session—5 in P.M. Session
2. 3rd-6th	3 periods of 50 minutes	(including showers where available)
3. 4th-6th	1 period of 60 minutes—swimming	(where facilities can be made available)

   B. Health Service (per week)

   10 minutes daily: morning inspection plus such periodic individual check-ups as the teacher and nurse may deem necessary.

   C. Health Instruction

   15 minutes daily: functional health teaching

   This subject should be taught in the first period of each day, immediately after health inspection.

   D. Health Guidance

   Because of the individual nature of the health service program, no time schedule is possible. Consideration should be made, however, and time should be given for the physical examination and follow-up of remedial defects.

2. *In so far as possible, appointments for physical examinations and individual health guidance should be made during the pupil's health education period.*

In addition to the periods given above, time should be taken from health education work for individual health guidance and follow-up on an appointment basis with the school health guidance counsellor, who will supervise the correction of all remediable defects.

3. *Accident prevention and safety education should be one of the cores or centers of interest of the units in health instruction.*

PLAY SPACE AND BUILDING FACILITIES

Health Instruction

1. *In all buildings, one room should be equipped and used for health instruction.*

This recommendation is made so that adequate facilities may be maintained for the use of all classes when the showing of a special film or other visual aids is found to be desirable by the classroom teacher.

In order that the room may have maximum use the following supplies and equipment are recommended:

A. Supplies
   1. Projection apparatus for all types of sides, films, and pictures.
   2. Storage cabinet.
   3. A cabinet with shelves to house materials.
   4. Reference materials, books, charts, posters, and magazines.
   5. Movable furniture.
   6. Table and chairs.

B. Equipment
   1. Outlet for projectors.
   2. Wall screen for audio-visual instruction.
   3. Dark shades for purposes of visual instruction.

Health Service

1. *There should be provided, in as close proximity to the gymnasium as possible, a health service suite. It should have a minimum over-all area of* 640 *square feet and the maximum of* 920 *square feet. The units to be included in the health service suite should be:*

   a. A physical examination room

      This room should be fitted with the following materials: flat-top desk, four chairs, an examination table, a closet for supplies, file cabinets for records, sterilizing equipment, an instrument cabinet, scales with a stadiometer, waste receptacles, toilet, wash bowl with hot and cold water, sheets, and towels.

b. A DENTAL EXAMINATION AND TREATMENT ROOM

This room should be equipped with: a dental chair with a beam focus light fixture, a power-driven drilling apparatus, a sink with a foot treadle, an instrument sterilizer, an instrument case with a glass front, and a wash bowl.

There is a definite need for planning the construction and installation of approximately 250 additional dental clinics in the schools. This recommendation has been made so that the dental division of the Department of Health can carry out the extensive health service program designed to correct the great number of dental defects found in the pupils.

c. AN OFFICE FOR THE SCHOOL NURSE AND SCHOOL HEALTH GUIDANCE COUNSELLOR

This room should be fitted with two flat-top desks, two tables, four chairs, two filing cabinets for accumulated health records, wardrobe closets, telephone, inter-building communications, electric wall clock, typewriter and typewriter desk.

This office should be adequately equipped to conduct conferences and consultations with parents and pupils. The room should be partitioned to permit private interviews. Ample space should be provided for records and equipment.

d. AN EMERGENCY REST ROOM

There should be at least two cots covered with mattresses and pillows, over which plastic covers are placed, a blanket on each cot, tables between cots, a book rack and clothes tree, chairs, waste receptacle, ice cap, hot water bottle, kidney shaped pan and wash basin. There should be indirect lighting in this room.

e. LAVATORY, HANDWASHING FACILITIES AND STALL SHOWER

f. A WAITING ROOM

There shoud be a table in the center for reading material, eight chairs, suitable wall decorations, a clothes tree and a waste receptacle. A drinking fountain should be installed here.

NOTE—it is suggested that this suite should be painted in pale green. It should have a floor of mottled grey asphalt tile; windows should be covered with ivory-painted venetian blinds. Clinical standards of cleanliness should be maintained at all times.

2. *Throughout the building an approved air-sterilization system should be installed so that every room can benefit from its use.*

Because of the need for effective sterilization, the emergency isolation room should be equipped with a special separate unit which would operate when the school sterilization unit goes out of order.

3. *In all schools the emergency room should be used as an isolation room for suspected communicable diseases of children.*

A separate room is desirable, but because of the great cost of a separate room for isolation purposes, the committee recommends that when the emergency room is needed for the purpose of isolating a child with a communicable disease, the health instruction room might be used for emergencies. Another reason for using the emergency room as an isolation room is that

> "Schools in most instances are not physically equipped to provide adequate isolation of children suspected of having a communicable disease."

It is advisable, therefore, to use the emergency room for that purpose whenever the occasion arises.

4. *Since there are so many schools that have no health education suites, the Board of Education should conduct a survey to determine how many schools and which schools lack such units and plan to provide units for those buildings as rapidly as possible.*

5. *All requirements of section* 200 *of the Sanitary Code should be met, not only in new buildings but also in existing school buildings. Plans should also be made for meeting these requirements as rapidly as possible in older buildings so that all children may benefit from adequate medical, dental and nursing services.*

Physical Activities

1. *All new elementary school buildings should include the following*:
   a. ONE SWIMMING POOL, 60′ by 20′, with a 2′6″ depth at the shallow end and a 6′ depth at the deep end. Showers, toilet facilities, and dressing rooms should be built adjacent to the pool. There should be a private dressing room, shower, toilet and office space provided for the swimming teacher. The side of this office should be constructed of glass to facilitate supervision of this hazardous area.
   b. ONE GYMNASIUM, the size of which should be determined, in accordance with the population and the needs of the community, should be included in this physical activity unit. The minimum size of this gymnasium should be 55′ by 80′.
      (1) The followng standard equipment should be placed in the gymnasium:
         (a) 2 standard chinning bars
         (b) 3 pairs of basketball goals and backstops
         (c) 6 jumping frames

(d) 2 rubber jump mats
(e) 10 mattresses (5′ by 7′)
(f) mattress hooks to hold ten mattresses
(g) 2 volley ball nets, and wall or floor cleats
(h) 1 piano (recessed in wall)
(i) sound equipment to provide voice, music and phonograph pick-ups
(j) 4 climbing ropes

(2) Adjacent to or underneath the gymnasium there should be located dressing rooms containing the following equipment:

(a) wardrobe, and box lockers, benches in front of each locker; mirrors at the end of each locker row; cocoa-matting runners on the floor; hair drying equipment for girls, showers for boys and for girls; handwashing facilities; toilet facilities.

(b) Waste baskets and cans should also be provided.

(3) The floor markings should be made in four colors: black, white, yellow and green to indicate the boundary areas for the different activities.

(4) Folding wall-type bleachers should be provided in all gymnasia to accommodate spectators in athletic contests and all affairs arranged for the school and the community.

c. LUNCHROOM AND CAFETERIA WITH ADEQUATE FACILITIES, SHOULD BE INCLUDED IN ALL BUILDINGS. This lunchroom and cafeteria should not be used as a substitute for gymnasium space, or vice versa.

(1) Sufficient handwashing, drying and toilet facilities should be installed adjacent to every lunchroom.

(2) Drinking fountains should be provided in this room.

(3) There should be a sufficient number of tables and chairs to provide a seat and table space for each pupil.

(4) Some form of entertainment, a record player or radio should be part of the equipment in the lunchroom. An adjoining room should be set aside for quiet games and relaxation after lunch.

(5) The lunchroom should be made sound-proof, and prepared acoustically for large groups.

d. A SPACE FROM 2500 TO 3000 SQUARE FEET, DEPENDING UPON THE SIZE OF THE SCHOOL, SHOULD BE INCLUDED AS A PLAY ROOM.

The committee recommends this because they found in the plans for all play space projects a request for "a space known as

a play room." The committee, however, urges that plans be made for greater utilization of this space.

e. In areas where the cost of land is prohibitive, facilities for play should be arranged at different floor levels, and a roof playground should be included as part of play space in these schools.

f. Rooms located in the health education unit adjacent to the gymnasium should be designed for use as:

(1) Dressing rooms and showers for boys and for girls.

(2) A special game room for those who cannot take part in the regular physical activities.

(3) A health education office for the use of the health education teacher. This should include the following:

(a) A shower room for the health education personnel
(b) A dressing room
(c) A lavatory and wash basin
(d) A filing cabinet for records, note books, squad attendance cards, and other records to be kept by the Health Education Department
(e) A bathroom-type scale
(f) One large scale
(g) One couch
(h) One first aid kit
(i) Audio-visual material for health instruction and a cabinet to house this equipment and material

g. Adequate outdoor space facilities and equipment that conform with present policies and plans of the Division of Housing and Sites should be included. The following is recommended:

(1) Basketball court (baskets and backstops)
(2) Handball court
(3) Shuffle board
(4) A grass diamond for baseball
(5) Open areas for "circle games"
(6) Suitable storage space for apparatus and materials used in the outdoor playground
(7) Provision for toilet facilities that will be accessible from the outdoor playground
(8) An outdoor sound amplifying system
(9) Outdoor lighting facilities for more extended use of this space

h. Stairways and passageways should be planned so that direct connection may be had between the gymnasium and the pool.

i. Existing schools that lack adequate facilities for a complete health education program should be remodeled to meet the requirements of the recommended program as rapidly as possible.

After having studied present elementary school buildings, the committee found that existing facilities for carrying out a well-rounded health education program are inadequate for a majority of schools and urges early attention to this recommendation.

Physically Handicapped

1. *A room separate and apart from the room in which instruction is carried on should be set aside where possible for the physically handicapped children for whom rest periods are required.*

Space for rest periods for children of the cardiac and other special classes is inadequate. More space is needed for two reasons:

a. to provide a place where the rest chairs are set up ready to give comfort and quiet to the pupils who need it.

b. to provide a change of environment for these pupils from the regular classrooms.

2. *Adequate storage space for instructional material and equipment to use in connection with these classes should be provided.*

The committee found in its visits to schools having special classes a noticeable lack of such storage spaces.

3. *Classes for physically handicapped should be located in buildings which are equipped with elevators.*

These elevators would provide the means by which such children could go to Shop, Homemaking and other subject rooms. At present, many of these children are confined to their own classes because they cannot climb stairs, and are thus debarred from the normal activities of their group.

4. *Adequate diagnostic facilities should be provided for health improvement classes.*

This service should be located in the district office of the Department of Health and for the efficient conduct of its work, should be equipped with all the necessary laboratory aids such as the electrocardiograph, and equipment for sedimentation tests.

5. *In order to encourage the highest type of service, it is urged that every inducement be made to attract the most qualified personnel to make the service to these classes most effective.*

6. *All classrooms for health improvement and sight-conservation pupils should be provided with moveable and adjustable desks and seats.*

7. *Because of the particular problem of children with defective vision, furniture with a dull finish to prevent eye strain and glare, should be provided.*

8. *Clear-type books, "talking books," globes, radios, bulletin typewriters and facilities for manual activities should be provided in greater numbers so that all sight-conservation children may benefit from their use.*

The committee, in its visits to the schools, was impressed with the lack of provision for children needing special service in the fields of sight-conservation. The committee stated that "existing facilities are inadequate for the 2000 children enrolled in the 102 sight-conservation classes."

9. *A substantial increase in funds should be made for facilities for adequate medical, nursing and dental service required in order to meet fully the needs of the physically handicapped children in public schools.*

General Note—The sub-committee on Medical Services Necessary for the Proper Health, Care and Education of Physically Handicapped Pupils, in the course of its work, conferred with the Director of Speech Improvement, the Supervisor of Sight-Conservation Classes, the Acting Assistant Director of Physically Handicapped Children, and the Assistant Directors of Health Education. The committee also consulted principals and teachers of the special classes for the physically handicapped in the schools which they visited in the Boroughs of Manhattan, Brooklyn, Queens and Richmond. All concurred in the recommendations listed above.

This committee reports that the classrooms visited did not give evidence of careful study and provision for lighting conditions accommodated to the needs of the pupils. Textbooks and equipment should conform to approved standards. *This service must be improved if these pupils are to benefit from the program planned for them.*

COOPERATION WITH COMMUNITY AGENCIES

1. *The committee urges that the parents assume responsibility for the health of their children.*

The prime responsibility for the health of the child lies with the

parent. The school authorities and the City health authorities should help and encourage parents to assume that responsibility.

Under ordinary circumstances the City should assume no health responsibility which rightfully belongs to the parents and for which the parents can assume full responsibility.

Where there is financial or other disability, the City should assume the burden in the interests of the child.

2. *The Board of Education and the Department of Health must also recognize the responsibility for the health of the pupils in the schools.*

3. *Legislation charging parents with this responsibility, especially those who can afford to take care of the physical health of their child and refuse to cooperate, should be encouraged.*

4. *The Assistant Superintendent assigned to the Division of Child Welfare should form a Health Education Coordinating Council for the City of New York upon whose board there should be represented members of the following public bodies:*
   a. Department of Health
   b. Board of Education
   c. The Division of Community Education of the Board of Education
   d. Department of Parks
   e. Police Department
   f. Department of Welfare
   g. A representative from the advisory board of private and semi-public health organizations
   h. A representative of the United Parents Association of the City of New York
   i. A representative of the Custodial Staff of the Board of Education
   j. A representative of the Health Education Division of Colleges and Universities in and about the City of New York
   k. A representative of the New York Academy of Medicine
   l. A representative from each of the five grade-A medical colleges and universities in and around New York City
   m. A representative from the teacher-training institutions in the Metropolitan area
   n. A representative from the New York Tuberculosis and Health Association
   o. A representative from the New York Heart Asociation
   p. A representative from the Association for Mental Hygiene and representatives from other groups selected by the Council for membership in their body.

The students of public health in the colleges and universities in and about New York City might well be used to further their own education and training and to assist the Coordinator in surveys and experimental projects closely related to, and growing out of, the health education program of the schools.

5. *The Associate Superintendent in charge of the Division of Child Welfare should be assisted by the Assistant Superintendent assigned to his Division and the representative of the Department of Health, one for the administration and supervision of the health education program in all the schools under the Board of Education, and the other to administer and supervise all personnel and activities of the Department of Health in all these schools.*

Each of these assistants should have definite responsibilities: (The following constitutes a partial list recommended by the committee.)

Coordinator for the Department of Health

a. The Coordinator for the Department of Health should notify the Associate Superintendent of any unusual epidemic situations and advise him of special procedures to be followed in each instance.

b. He should see that this Department provides, maintains, and supervises the medical, dental, and nursing services in the schools, establishes the medical, dental, and nursing procedures under which they operate. Where the Department of Health does not furnish these services directly, the responsibility for the supervision of such services provided in a school should rest with the Department of Health. Personnel employed in these services should be approved by the Department of Health.

Coordinator for the Board of Education

a. It should be the responsibility of the Coordinator for the Board of Education to report unusual health problems to the Associate Superintendent, who will refer it to the Department of Heath.

b. It should also be his responsibility to develop curricula, to establish and supervise health teaching in classrooms and to provide healthful school environment. It should also be his responsibility to coordinate the school program with that of the Coordinator for the Health Department so that the medical, dental, nursing and other health services can operate effectively.

Both the Department of Health and the Board of Education advocate the ful use of the services of the family physicians and other medical resources of the community. The Department of Health and the Board of Education, however, have the right to review the recommendation of the private physicians with respect to school placement and adjustment.

6. *The Coordinators should make frequent use of the educational services of the Board of Education, the Department of Health, other City Departments, and community groups to bring to parents and to the general public specific and general information which will assist them in maintaining optimum health conditons for each child.*

7. *The curriculum of teacher-training institutions should place greater emphasis on the teacher's role in the health education program.*

Problems Worthy of Further Study

1. What to do with doubly-handicapped children has presented a problem to many elementary school principals. A beginning has been made in this field; an extension of it is urgent. The committee recommends study of a program for the care and training of physically handicapped children who also present a mental or emotional problem. It recommends first, a survey of the schools to find the number of such children and second, the creation of a program that will insure proper care and a suitable education for each child in the group.
2. To fill the gaps in diagnostic and rehabilitation program for the hard-of-hearing, it is proposed that the Department of Health and the Health Education Department of the Board of Education explore the possibility of establishing such specialized service. The Health Department's eye clinics have long met a similar need with respect to the vision of school children. The committee is sure that a similar program can be instituted.
3. The optimal ratios for socio-psychological, medical, dental and other services is a problem worthy of further study.
4. The alteration of buildings now in use in order to facilitate the introduction of the recommendations that have been made should be planned at once.
5. The advisability of placing Park Department playgrounds immediately adjacent to school buildings, thus making one unit, with outdoor lighting for the increased use of all facilities, is recommended for study.

6. The regulations concerning school attendance of pupils who are subject to seizures that might be of an epileptic nature should be re-evaluated because teachers and principals have advised the committee that these pupils present hazards that threaten their own safety and the safety of other children in the schools. Some of these pupils have no advance symptoms of their seizures and sometimes present a situation so dangerous that serious accidents can result. Some of the committee members illustrated such incidents.

II

The Junior High School Grades

This chapter deals with the school health program for the pupils in the junior high school grades. The Committee to Study the Program on the Junior High School Level makes the following recommendations from the standpoint of curriculum, personnel and such administrative elements as time, space, and facilities.

THE CURRICULUM

The aim of the health education program, to build in pupils the abundant vigor and vitality which is one of the foundations of happy living and personal security, can be attained only through a coordination and unification of all phases of the school experience which contribute to desirable growth in health behavior. Such desirable growth results in intelligent habit formation. The pupil learns how to direct his own efforts to improve his health.

The health education curriculum comprises all the experiences utilized by the school to attain the aim of enabling pupils to build sound, vigorous bodies and desirable attitudes. The recommendations for curriculum are listed under the captions: Health Instruction, Health Service, and Physical Activities. These areas are not mutually exclusive since each provides experiences which should favorably influence habits, attitudes, and knowledge relating to personal and community health. Health education is a unified experience which effects the integration of these three areas through an understanding of their interrelationship and makes its recommendations accordingly.

Health Instruction

1. *The school program should show a realization of the role of health instruction in making the school an effective agency for the attainment of health in family and community life as well as in the lives of the pupils instructed.*

Adult habits, attitudes, appreciations, and understandings concerning health may be favorably influenced by contact with the school. Attention to this aspect of the program emphasized the value of conferences with parents and consequent parent education.

This can be accomplished through the transmittal by school authorities of health instruction materials to the home so designed as to appeal

to adult members of the family. These materials should be planned specifically for adults by members of the health education staff in the central office working with representatives of the teaching staff.

2. *The specific aim of health instruction should be recognized as the improvement of health habits and practices.*

The knowledge emphasized should be that which will form the basis for proper health habits and thus enable the pupil to assume responsibility for the maintenance and improvement of his own health and to attain intelligent self-direction in health behavior.

The curriculum will include units of learning which satisfy the needs and interests of pupils of junior high school age and will give particular emphasis to the peculiar needs of this age period.

3. *The present Health Instruction Syllabus should be revised as an activities curriculum based on the ascertained needs and interests of the pupils.*

The syllabus material produced by the committee of New York teachers who have been working on this problem for the last few years should be utilized. There should also be considered the recent provisions of syllabi in cities with similar problems.

The program of health instruction should be based on the immediate and personal needs of junior high school students and the knowledge imparted should serve the pupil as an aid in the solution of his problems. These problems arise in his personal life, his home, and in the community.

Instruction of pupils in methods of conserving and improving their health must be related to the particular community environment. The aim is to establish in pupils habits and principles of healthful living. The teaching program properly conceived and administered will reach parents and thus promote in adults satisfactory habits, attitudes, appreciations, and understanding.

The present hygiene syllabus on which health instruction is based contains authoritative information on the topics indicated for each grade. It also contains suggestions to teachers and lists of desirable achievements for pupils but the emphasis is on content rather than on pupil activity. Modern educational theories, however, stress the experiences through which pupils learn rather than the content of what they learn. The new *New York State Course of Study in Health Teaching* places its emphasis on the pupils, both by its suggestions concerning learning experiences and by its selection of problems. Committees of teachers reviewing the present *New York City Syllabus in Hygiene* report that insufficient time and emphasis are given to the immediate and personal health problems of the students.

4. *Certain guiding principles should be followed in the syllabus revision contemplated in Recommendation* 3.

The syllabus should stress the concept that health is a condition of the total organism; that it is a state of well-being influenced by many factors of heredity and environment. Health teaching, important as it is, should be thought of as only one of the factors which influflence optimum health.

With this in mind, the syllabus should stress the importance of the contributions of the home, the community, the voluntary and public health agencies, and the many other factors which enter into the total health pattern.

The approach should be non-academic. Activities and situations requiring direct need for health teaching should be presented.

The recommended procedures should be based on a knowledge of the learning process and of the particular capacities of the learner. The pupil's level of experience and ability must be considered.

Facts and knowledge conveyed should be those which make health practices intelligent. Teaching procedures should emphasize the relationship of knowledge to practice. The test of any health instruction program is its effectiveness in developing in pupils an intelligent understanding of their health problems with a consequent sense of responsibility for their solution.

There should be utilization of actual life situations as learning environment. Problems arising in connection with play, sleep, food, body functions, body changes through growth, accidents, and communicable diseases occur normally in the pupil's life and afford the school an opportunity to provide health learnings which aid the pupil in the solution of his own problems. Modern education stresses the value of experiential learning. Pupils learn best when placed in situations which are meaningful to them and which offer them challenging problems with guidance in the solution of such problems. The junior high school pupil is at a stage of physical and emotional growth which stimulates and bewilders him with pressing personal, family, and community problems.

It should provide means for acquainting pupils with the health resources of the community.

It should be flexible, suggestive rather than prescriptive, so that teachers may feel free to adapt their teaching to the varied needs of individuals, different classes, schools, and communities. There is a great heterogenity in the junior high school group. Conditions vary from school to school and from class to class. There must be flexibility in curriculum suggestions, and teachers should be encouraged to select activities applicable to the particular situation.

The syllabus should be organized in units of work which will supply a well-organized, systematic, and comprehensive course.

The syllabus should help the teacher by suggesting readings, source material, and other teaching aids for each unit of work. This instructional material should be adapted to different levels of intelligence and experience.

4. *Chapter* 8 *of the SCHOOL HEALTH MANUAL sponsored jointly by the Board of Education and the Department of Health, describes adequate procedures for the control of communicable disease. The problem in junior high schools is that of supplementing the procedures outlined. Recommendations* 8, 9, 10, *and* 11, *if put into practice, will provide additional means of control.*

5. *The relationship of health instruction and health service should be recognized.*

Since the recommended health instruction program is based on the pupil's personal and social health problems, an understanding of his health status is essential. Close cooperation between the personnel providing health instruction and health service is required.

6. *There should be made an extension of service of visual aids especially designed for health instruction.*

This service should be administered by the Bureau of Visual Instruction. It should supply teachers with materials such as films, projected pictures, and stereographs; discover and organize the existing material applicable to each unit; and inform teachers of new material as it becomes available.

The Bureau of Health Education of the Department of Health has facilities which could be used by the school authorities. It is, therefore, recommended that the use of these facilities be encouraged, and that the Bureau of Visual Instruction be responsible for listing these materials periodically.

7. *The Junior High School Curriculum committee should review the Health Instruction Syllabus to indicate areas of correlation and integration with other areas of learning such as science, social studies, civics, homemaking, art, music, and English. Such review would prevent unnecessary duplication of learnings.*

The modern concept of the learning process emphasizes integration of learnings. The learnings in one curriculum area supplement and reinforce the learnings in another. A unit of work, such as nutrition, draws from the subject matter of many different fields—science, homemaking, civics, and may include or apply some of the work in such classes as social studies and English. This requires careful planning. The Junior

High School Curriculum Committee is at present initiating this plan of integration. Teachers working in the field of health education should cooperate in this work.

8. *The Department of Health should participate in a program to educate teachers and parents in means of detecting communicable disease.*

9. *The Board of Education should provide in-service training in the detection of communicable diseases because the homeroom teacher should be relied upon to locate suspected cases of communicable disease.*

10. *The nurse or the school health counsellor should screen cases referred by teachers or supervisors for exclusion from school, in accordance with the provisions of the Sanitary Code.*

11. *Facilities should be provided in the schools to make possible the isolation of a pupil suspected of having a communicable disease, since it is not always possible to send such pupils home without delay.*

Health Service

1. *The health service program should be expanded so as to realize the present objective of this service; the discovery of health needs and the devising of ways of meeting these needs.*

This involves the determination of the health status of the pupil, the provision of guidance and assistance necessary to improve that status, and the provision of additional personnel to make the objective attainable.

Continuous supervision based on periodic examinations by qualified physicians is essential to discover in detail the extent to which the following exist:

a. proper growth in size, structure, and development of functions, and

b. full efficiency of function.

2. *A comprehensive and thorough medical examination should be given to* 8B *pupils graduating from* 8B *schools and to* 9B *pupils graduating from junior high schools. A medical check-up for all pupils should be given at the end of the 7th and 8th years.*

Thus, pupils in the school will have complete medical examinations in the 1st, 3rd, 6th, and 8th or 9th years of their school life, with a check-up on each pupil in the years between.

Parents should be induced to have this examination made privately wherever possible, but provision must be made by the school for the

examination of those pupils whose parents cannot or will not assume this responsibility.

There are certain simple evidences of bodily health which a parent or teacher can observe. Some of these are the following: general sense of well-being, interest in work or play, appetite, steady progress in physical growth.

The experience of the nation with the Selective Service Act emphasizes the point that healthy, vigorous personality can be achieved best when remedial physical defects are discovered and treated. Some of these defects are discoverable by the teacher, but the teacher's findings must be confirmed and supplemented by the doctor's findings. Many defects will pass unnoted when the doctor's examination is omitted.

3. *The results of and the recommendation following each of these examinations should be made available to both the Department of Health and the Board of Education personnel working for the improvement of pupils' health status, subject to the limitations of confidential information.*

The pupil's entire health education program takes cognizance of his health status. Teachers must be made aware of this status.

4. *The remedying of defects discovered in these examinations should call for greater use and more widespread recognition of the joint character of and responsibility for follow-up by both the Department of Health and the Board of Education, working with the children and parents.*

Each department should do the part of the work most appropriate in view of the training and experience possessed. It is unwise to assign teachers to duties that can be more effectively performed by persons with other training.

The exact role of the nurse and that of the teacher in the task of remedying physical defects seems to be confused in the junior high schools. It is uneconomical to utilize the services of a teacher at a higher rate of pay to perform services which could be performed by the nurse. It is even more wasteful to use the time of a principal. The nurse, by training and experience, is better suited to such tasks as making contact with clinics, dealing with physicians, and instructing parents as to treatment. Similarly, the teacher is better suited to guide pupls in habit formaton and in understanding. The teacher has the advantage of daily contact with the pupil.

Parents have the responsibility for the health of their children, but where either through ignorance of a condition and the necessity for its improvement, or through inertia and irresponsibility, parents fail to safeguard and improve their children's health, the school has a responsibility.

It must either educate parents to their responsibility or it must supplement parental care.

The health guidance program should be viewed as a cooperative project of pupils, teachers, parents, nurses, doctors, and the community, and should be one in which all share the responsibility for the improvement of pupil health through the correction of remedial defects.

5. *There should be devised a useful and economical system of pupil health records, eliminating the duplication that now exists.*

The health record should supply a cumulative health history. It should be available to all working with the pupil in the effort to improve his health status.

The advantages of a single health record in the saving of time and energy are obvious. At present, the complete health record must be gathered from many cards: the nurse's record on which are recorded her observations and activities as well as medical findings, the teacher's PUPIL HEALTH CARD with her observations and copies of doctor's recommendations, and, in many schools, a health card devised and used by the health education teachers. In addition, the pupil personal record card, used by guidance teachers, often contains notations concerning health history and status. A single record, possibly a folder, should contain all data relating to the health status of the pupil. This record should be accessible to all concerned with the progress of the pupil.

6. *There should be an adequate allowance of medical, nursing, teaching and clerical personnel for the important phase of health education which involves interviews with parents and children, contacts with outside agencies, accurate and complete recording, and continuous, unremitting individual help and guidance of pupils.*

There is immediate need for greatly increasing, probably doubling, the amount of nursing time available to the schools. No equitable ratio of medical service to school enrollment is possible at this time but should be a problem for further study.

Under present conditions of assignment, neither the Board of Education personnel nor that of the Department of Health could possibly do an adequate job of providing the help and guidance necessary in the health service program.

7. *There should be established a formula for the allotment of nurses and doctors which shall reflect the needs of the individual schools. Size of pupil population and socio-economic status of pupils are two fundamental considerations.*

At present, the Department of Health attempts to assign enough medical service to cover the examinations requested by the schools and

to assign a corresponding amount of nursing service. The amount of service is dependent upon the availability of personnel and for that reason is far less than the amount deemed desirable.

8. *There should be formed a standing committee of representatives of the Board of Education and of the Department of Health to clarify specific questions that arise concerning specific responsibilities for health services and to recommend procedures in the administration of school health service.*

Such a committee should include representatives of those actually working in the schools since their intimate, first-hand knowledge of conditions and problems would ensure practical recommendations.

9. *There should be established in each school a School Health Council to concern itself with health and safety aspects of the school environment and to coordinate the work, the aim of which is the improvement of the health of individual pupils.*

The maintenance of a health-producing environment in a school is a joint enterprise. Health education teachers should serve as consultants for the purpose of maintaining the school facilities and reporting on them, but the custodian, the administrators, the parents, and he individual teachers and pupils all play their part. A School Health Council serves as a coordinating and educational body. This Council should also coordinate the work in safety education.

10. *There should be immediate attention given to unsanitary features of the school environment such as lack of hand-washing facilities. This condition is remediable.*

All violations of Section 200 of the Sanitary Code dealing with school environment should be called to the immediate attention of responsible authorities.

It is futile to teach pupils certain health habits when the school system neglects to provide the facilities for the practice of the habit. The lack of handwashing facilities negates much of the health instruction for many pupils.

11. *There should be devised for each school, procedures and a program suited to its condition and planned to educate for safety. This should be a joint project of the Health Education staff, the shop teachers, and the administrative officers of the school.*

At present, in junior high schools, the shop teachers make definite provision for teaching safety rules applicable to their work. The health education course includes safety instruction. Science teachers also incorporate this in their teaching. In addition, most schools through their

traffic rules and in homeroom periods give incidental instruction in safety. It would seem wise to coordinate this teaching.

12. *Emergency rooms supervised by the Department of Health personnel or by the Health Education staff should be provided in each school.*

13. *There should be a definite, planned written program for the care of emergencies (sudden illness and accidents) which will inform administrators in each school of procedures approved by the Board of Education.*

The methods of caring for sick pupils and for dealing with accidents lack uniformity. The present *Accident Report Blank* covers the legal aspect of responsibility. Its use in all accidents even those which may seem at the time to be trivial is a heavy clerical burden. Seemingly, it is necessary under present conditions. Administrators and teachers need guidance in the care of emergency cases.

Physical Activities

1. *The program of physical activities should be a broad developmental program including such body-building activities as gymnastics, stunts, tumbling; it should also give training in the recreative skills through a wide variety of sports and games.*

The body-conditioning phase of the program should have as its aim the development of muscular strength, cardio-respiratory endurance, organic power, agility, flexibility, and stamina. The program of sports and games should stress the social and emotional values inherent in the activity of playing together and should, through the development of sports and skills, provide the pupil with resources for recreative leisure time activities.

Physical education is that phase of the school program which offers experience designed to strengthen pupils, thus preparing them to bear the strains of modern living, and to attain greater social competence and emotional security as well as physical well-being.

Body education stresses the use of the large muscles for organic development and neuro-muscular coordination. Appropriate means are such activities as tactics, gymnastics, stunts, and apparatus work.

The pupil must be assisted in building resources for recreative leisure activities through learnings in sport skills and through actual participation in athletics, games, and dances.

Social experience and consequent emotional growth is provided in all types of recreational activity. These include intra-mural game programs for boys and girls, inter-scholastic programs for boys, play days, swimming meets, dance festivals, and pageants.

2. *Immediate consideration should be given to the limitations put upon the program by present inadequacies of time, space, and personnel.*

Since the type of program recommended is strongly conditioned by these factors, the details of suggested activities are included in the recommendations of the section of this report under the caption: Space and Facilities.

The curriculum now in operation in the junior high schools of New York City falls short of the expectations and desires of those administering it. This is due in large part to inadequacies of time, space, and personnel. In some instances greater use could be made of the facilities provided. An examination of the organizational plans of the schools (given in another section of this report) indicates that in most cases the physical activities period is, of necessity, a mass instruction period and that there is little or no opportunity to emphasize the individual or exploratory phase of the work.

3. *The exploratory aspect of junior high school education should be considered in planning health education activities. These activities could be organized as exploratory units of work. Pupils should be given an opportunity to participate in different sports and be guided in the selection of recreative activities provided by the community.*

Games, physical activities which test individual powers, and other forms of sport competitions are, under proper direction and leadership, excellent means for developing an understanding and appreciation of human nature. However, because of the strong emotional reaction involved, this type of experience requires expert guidance. The school program must be correlated with the out-of-school recreative experiences of pupils in order that values be rightly and fully utilized.

There is no clear indication of the relationship of the school physical activities program to the after-school and out-of-school programs of other divisions and other community agencies. There is need for comprehensive planning to coordinate all recreational programs.

4. *There should be continuous examination and revision of the program in use in order that new methods and activities be incorporated in that program.*

The present course of study should be revised by a committee of teachers in cooperation with the Curriculum Committee of the Junior High School Division. Such revised curriculum would give a detailed description of activities and indicate teaching aids. An examination of the courses of study of other large cities and of the bulletins of the New York State Department of Education would be helpful. Full use should be made of the many excellent workshop reports made by committees of teachers of this city. It should be emphasized that such detailed curricu-

lum building is an important phase of health education planning. It requires the full-time services for a given period of time of teachers assigned to such work.

The present physical activities syllabus was issued in 1930. During the war period workshop committees of New York City teachers contributed supplementary material which aided teachers in adjusting the curriculum to meet current demands. The curriculum committees of other large cities have produced recent revisions of syllabi which incorporate new ideas and practices.

5. *The present program should be enriched by the development of an individualized program which would include increased participation for those interested and corrective work for those needing it.*

A unit on the dance in the girls' program is an example of such enrichment. Such a program would require the assignment of teachers to smaller groups in the physical activities class and would result in greater individualization.

6. *The instruction and practice in swimming should be considered an essential part of the health education program. Since modern programs of education are built upon the needs and interests of the pupils, instruction and practice in this field must be included if a comprehensive program is the aim.*

Swimming is a healthful and enjoyable activity which develops body symmetry. It is valuable in that it satisfies both the immediate present and probable future needs of the pupils in providing pleasureable recreation and in serving as a safety measure. Under a doctor's prescription, swimming has therapeutic and remedial value for those physically under par.

7. *The sports phase of the physical activities program should be correlated with the after-school recreation program and such correlation should result in intra and inter-school athletic contests, field days, play days, and pageants. A planning body which would coordinate the efforts of the various agencies should be established in the central office of the Department of Health Education.*

Physically Handicapped

1. *A survey should be made to determine the number of handicapped children of junior high school age now in either regular classes of the junior high schools or in classes for the handicapped, whether these be located in junior high schools or in elementary school organizations.*

An examination of the reports showing the number of classes for

the handicapped indicates that in the spring term of 1945, there were a total of fifteen such classes in junior high schools. Of these, thirteen were health improvement (low vitality) classes and two were orthopedic classes. In addition, there are junior high school classes in the School for the Deaf. The conclusion must be reached that provisions for the handicapped in junior high schools are inadequate.

2. *Consideration should be given to the feasibility of placing all physically handicapped pupils of junior high school age under junior high school supervision.*

If a normal child benefits by being placed in an environment specially designed for his stage of development, a handicapped child should have the same opportunity.

3. *The fact-finding inquiry concerning the number and present placement of handicapped pupils should cover a comprehensive field.*

The types of pupils should include the following:

a. Orthopedically-handicapped
b. Cardiac
c. Low vitality (below par)
d. Acoustically-handicapped
e. Visually-handicapped
f. Speech defectives.

4. *Plans should be initiated for setting up in junior high schools classes which would adequately meet the needs of the handicapped group.*

The amount of medical, nursing, and teaching personnel necessary should be determined by experts in each field. Where such personnel is not available, methods for obtaining it should be sought.

5. *Handicapped pupils now in the regular classes of the junior high schools should be accorded guidance and treatment suited to their needs.*

One specific need is the need for physical recreation. Another is the provision of guidance and protection to enable the pupil to live his school life as normally as possible without risking injury.

The physical activities program for the handicapped should be devised with the purpose of enabling the pupil to recognize his limitations, learn his capacities, and participate in activities. It is essentially an individual health training program and requires a liberal allowance of teacher time.

All physically handicapped pupils should be made to feel as normal as possible. Other pupils in the school should be educated to understand the handicapped child and to accept him.

All children in school, including the physically handicapped, need physical recreation. The program for the latter, however, should be prescribed by a physician. Such items as dancing, games, etc., might be an integral part of the program.

6. *An activities program for the handicapped should be devised and administered in the junior high schools.*

Simple exclusion from activity does not meet the needs of these pupils. The organization of classes for such pupils is treated in a subsequent section of this report. The specific work of the physical activities class is the devising of a program of games, exercises, and recreation suited to the needs of the pupils concerned. This requires cooperation with the physicians and the parents of the pupils.

PERSONNEL

The Committee is of the opinion that the job of health education outlined in the section of this report headed "Curriculum" is impossible of accomplishment until the present assignment of personnel is considerably increased.

1. *The administrative head of the school should assume the resonsibility for the health education program in the school.*

This supervisor should act as the chairman of the school Health Council. He should enlist the cooperation of all contributing personnel and integrate the program of health education in that school.

2. *There should be provided personnel for medical, nursing, dental, clerical, teaching and supervisory—such as to accomplish successfully the objectives of health education.*

3. *A substantial increase should be made in the total number of physicians and nurses, and in the time allotted for examination and supervision by these school physicians and nurses of all pupils with particular reference to the physically handicapped.*

4. *A school nurse should be assigned full time for each junior high school.*

This recommendation is necessary even in a small school in as much as the nurse can take over duties now assigned to the health education teachers such as, treatment of emergency accidents and illness, and examination for pediculosis.

5. *The personnel provided by the Board of Education and the Department of Health should be carefully selected and continuously trained.*

6. *The Director of Health Education, in conferences with the Director of Child Guidance, the Assistant Superintendent, and the principal*

of the school, should determine separately what should be adequate psychological, sociological, dental and medical services for that school.

The determination of the exact ratio of medical and nursing personnel is a complex problem requiring attention to such factors as size of school, economic conditions, and decision as to extent of medical service contemplated. The recent survey makes clear that the present service is inadequate.

7. *The assignment of health education teachers should be made with consideration of the many activities included in their work.*

In addition to the supervision and teaching of physical skills, these teachers should do the classroom health instruction and be allowed time for individual counselling so necessary for successful health guidance.

8. *A school health education counsellor should be assigned to each school on a full-time basis. This person will assume all the duties now performed by regular teachers who are being freed for an hour or two a week to act as health counsellors of the school.*

Until such a counsellor is appointed, health education teachers now assigned to extra duties should be relieved in part of class teaching assignments so that these duties may be competently performed. Extra teaching positions should be allowed wherever needed to take care of the class teaching assignments thus left uncovered.

The health counsellor should follow up all health cases, interview parents, and arrange through the school nurse appointments with hospitals, clinics, private doctors, and the school physician. The counsellor will act as consultant to all teachers of the school on all health education matters, as well.

9. *There should be a guidance counsellor in every junior high school. She should have special training in mental hygiene, physical health, community resources, and educational and vocational counselling. This person should be licensed as a guidance counsellor.*

This counsellor should assist in carrying out the following school responsibilities:

a. Screening of problem cases to determine the appropriate treatment of each of them.
b. Acting as liaison officer between Board of Education agencies, and the family and children's agencies in the community.
c. Supervising group testing and remedial programs.
d. Following up class and curricular adjustments for individual children.
e. Following the progress in school of children with special problems.

The job of guidance counsellor calls for a person who will be identified with the particular school, who will have had training in education, and who will be aware of the therapeutic potentialities of group educational experience. It does not lessen the need for other professional services, but sets up the necessary framework to make possible effective psychological case work.

This counsellor should be given access to complete clinical and other facilities for the effective conduct of her assignment.

Recruiting for this field of service should be made on the basis of interest, personality, and aptitude.

10. *A visiting teacher should be assigned to one school with a register of* 1500 *or more, or to two smaller neighboring schools.*

This specially-trained teacher should have social service experience so that she may prove an effective liaison officer between the school and the homes of the pupils.

Through her visits to the homes and her conferences with the parents she can develop desirable attitudes and encourage a spirit of cooperation between home and school. She will also use every appropriate agency in the community to assist the child with a problem to rehabilitate himself.

11. *Teachers of swimming, for boys and girls respectively, should be assigned to each school and should be licensed teachers of health education with a certificate of competency in swimming.*

A teacher of swimming should be assigned to any school large enough to conduct a program of thirty periods of swimming. The teacher can, however, be assigned to two small neighboring schools from which he will recruit pupils to make a thirty-period program. This recommendation is predicated upon the assumption that swimming will be included in the junior high school schedule and that facilities will be provided.

12. *Additional instructors of showers for boys and for girls respectively should be assigned to the schools so that each school having shower equipment shall have a showers instructor.*

These instructors should handle the shower equipment; teach pupils the value of regular, frequent showers and baths; inspect the children for rashes, skin ailments, or other markings that may reveal ill treatment; and teach personal hygiene to the pupils.

13. *The services of psychologists and other types of personnel engaged in the task of health education should be provided and fully utilized.*

Personnel connected with medical and dental service to each

school should include a physician, a nurse, a dentist, and a dental hygienist.

Psychiatric service should be given in each district health center to those pupils referred by the principal in each school upon the recommendation of the nurse.

14. *A trained clerical assistant should be assigned to the personnel in charge of the health program in the school. She should be the recording secretary of the School Health Council.*

15. *Class or homeroom teachers should be trained to observe in the morning "section period" signs of illness and to refer such pupils to medical authorities in the school.*

16. *Health education teachers should be assigned in the ratio of one teacher for two hundred children on register.*

A study of the subjoined table which presents the ratio of health education teachers to pupils in the junior high schools at the present time reveals the following:

TABLE

Ratio of Health Education Teachers to Pupils in Junior High Schools, New York City

One teacher to: No. of Pupils	No. of Schools with this Ratio
200	3
300	23
400	29
500	15
600	7
over 600	6
TOTAL	83

17. *A pianist should be assigned to each school that can provide thirty periods of physical activities for girls.*

18. *A Health Council should be organized in each school.*

This council should consist of such personnel as: the supervisor in charge of health education, the school health counsellor, the teachers of health education, the school nurses, medical and dental, the visiting teacher, the guidance counsellor, the lunchroom manager, the custodian, and representatives of the Parents Association.

19. *A sufficient number of supervisory personnel should be appointed to the central office to supply continuous leadership under expert direction.*

A supervisor to be effective must visit a school at least once a month. There should be provided health education specialists in sufficient number to provide adequate service.

TIME ALLOTMENT

The extent and effectiveness of the health education program is strongly affected by the amount of time allotted to it and by the availability of space and facilities and their proper utilization.

1. *The program allowance of health education time for pupils should be increased from the present three periods a week to five.*

This would make possible the development of a more comprehensive program of physical education and would also give time for necessary health instruction and health guidance.

The success of the health education program is measured by the degree to which it guides pupils to enjoy healthful living. The successful accomplishment of its aim requires that pupils have many experiences in this field. The present practice of assigning less time to health education than is assigned to individual subject matter areas or to shop experience cannot be defended in the light of the aims of modern education.

The time needed to give pupils adequate health education experience can be found in the weekly schedule. It is true that the curriculum is crowded and that many areas of instruction and experience press for inclusion, but the needs for a rounded and continuing program of health education cannot be gainsaid.

2. *The disposal of the five periods of health education should be managed by the individual schools on the basis of their needs.*

Some schools prefer double periods in physical activities, others with limited facilities emphasize health instruction and health guidance; schools which use adjacent play space need a more flexible program. A minimum of two periods a week for health instruction, however, should be included in the program for each term.

3. *The argument that the present curriculum is crowded should not be accepted as a valid reason for refusal to extend the time allotted to health education.*

This phase of education is far too important to the pupil to be neglected in favor of other educative experiences.

4. *Swimming time should be provided for each boy or girl to the extent of at least one period per week, in addition to the five periods advocated. This recommendation is predicated upon the assumption that facilities for swimming will be included in new and renovated junior high schools.*

PLAY SPACE AND BUILDING FACILITIES

1. *The following statement of philosophy and general practices should underly the physical activities program as far as space facilities are concerned*:

   a. GYMNASIUMS

   The gymnasium must be planned with a two-fold purpose in mind. It must be suitable for work of an educational and developmental type and it must be large enough for the informal competitive sports type of health education program. The suitability for the teaching program is largely a matter of equipment and proper placement, whereas the suitability for the informal program is largely a matter of size and shape. The placement of the equipment, however, must be suitable for both types of program.

   Since basketball is the predominating competitive sport, gymnasiums must be planned primarily as basketball arenas with provisions for bleachers of the folding type in order to accommodate spectators.

   The teaching program includes instruction in the following activities: marching, climbing, tumbling, dancing, calisthenics, game skills, combatives, and various combinations of these. For instance, part of the program will include climbing, dodging, crawling, vaulting, jumping or leaping combined with falling or rolling. In a Rotary Instructional Program the regular equipment of the gymnasium is used to provide testing devices in all of these activities. The typical plan of the gymnasium show this layout.

   There are certain facility requirements which are unique in the construction of the gymnasium because of the activity performed. Provision, therefore, must be made for anchorages and such other special construction features as the function of the apparatus may require. For instance, horizontal bars must be guyed to the floor and wall. Badminton and volley ball standards must be anchored to wall cleats or to posts guyed to the floor. Climbing ropes must be anchored and clamped to the roof or ceiling structure. These requirements may vary in boys' and girls'

gymnasiums as well as those of different types and grades of schools.

The apparatus in the high school will consist of parallel bars, horses, horizontal bars, stationary ladders and climbing ropes. The stationary ladders and climbing ropes are fixed pieces whereas the other equipment is movable. In addition to this equipment, at least three pairs of basketball backstops and goals must be installed and at least one pair will be erected to complete the basketball court. The other two pairs may be arranged on side walls to be used for practice or for games other than the regular games of basketball. Provision will also have to be made for hanging mats on the walls which will be used in all these activities.

The equipment for the junior high school should consist of three pairs of basketball goals and backstops, one pair of which should be placed to form a regulation basketball court; mattresses and mattress hooks; two volley ball nets with wall cleats and stands; two standard chinning bars and one wall stadiometer.

In addition to this equipment for all schools, supplies must be furnished such as balls, bats, and the like. Additional equipment for gymnasiums should be provided such as pianos, phonographs and sound equipment.

The health education aspects of gymnasium activities require close association with the medical and dental suite and in junior high schools and senior high schools this unit should be located in close proximity.

The space relationship of the gymnasium to the various auxiliary units must be given careful consideration in the planning so that there may be smooth integration of the respective functions.

Since the gymnasium is one of the most important community activity spaces in the school plant, adult requirements should be considered in the planning. The recreation of adults can and should be more than that of being a spectator at school games. Those activities for which adults show preference such as dances, receptions, bazaars, and various athletics should be made possible.

b. Administrative Office

This office serves a function similar to that of the various department heads offices. This office is used by the chairman and teachers for administrative work, conferences, the preparation of instructional material, and recording and filing of records pertaining to the health education department. Provision must also

be made for storage of basketballs, handballs, indoor baseballs, and other small gymnasium and playground equipment and supplies.

The space relationship of this office to the other units of the department is a vital factor in efficient administration. If possible, a direct view of a good part of the gymnasium floor and the community entrance is desirable for supervision.

c. Instructor's Office

This unit is a personal workshop and provides dressing quarters for the gymnasium instructors. A first aid cabinet and a couch are provided to care for minor accidents or immediate emergencies. Interviews with individual students or parents may be held here. Instructional material or devices, class records, and small equipment and supplies are kept in this office. This unit is also used as an administrative office in elementary schools.

d. Physical Examination Room

This space should be provided near the gymnasium when the facilities of the medical and dental suite cannot be conveniently used for gymnasium purposes. To facilitate its function, access to the lockers is desirable. Facilities needed in this room consist of scales, lounge, rest chairs, first aid cabinet, and all equipment necessary for physical examination.

e. Health Training Room

This space is actually a miniature gymnasium and is used for both individual and group work where special corrective treatment is required. Since it is the purpose of keeping the program as near to that of the normal child as possible and yet perform the specialized activity to produce the desired results, the atmosphere of this room must not in any way indicate that the children are not normal. Special equipment will be used, but in the hands of experienced teachers, the activities will look very similar to those of the normal child. The room should be situated so that children do not get the impression that they are being relegated to an obscure corner.

f. Store Room

The store room should be directly off the gymnasium floor for the storage of standard gymnasium equipment and the extension ladder. Shelves should be provided and the door to the gymnasium must be large enough to allow for the passage of parallel bars which is the widest piece of equipment. Access to the instructor's office and or the administrative office is desirable. There should be no saddle used on the floor of the entrance so

that the floor of the storage room and that of the gymnaisum will be flush.

g. Community Store Room

Additional and separate storage space is provided for special equipment required in community activities. It should follow the same requirements as for the store room.

h. Locker Room

Gymnasium lockers are housed in a special room to insure privacy and seclusion. The room must be readily accessible to the gymnasium, showers, swimming pool, toilets, and playground or athletic field. Direct entrance from other parts of the building is essential. Egress to the outside should not be direct to avoid cold drafts on partially clothed or perspired occupants. The possibility of raising the temperature manually should be provided to facilitate drying the clothing kept in lockers. Adequate provision for natural light, ventilation, and cleanliness is desirable. Privacy must be insured. Required equipment includes mirrors, washbowl and fixed benches in the aisles between the rows of lockers. All furniture shall be of a simple character and made of easily washable material.

i. Shower Rooms

The shower room should be located in close proximity to the gymnasium. Natural light and ventilation are desirable, but privacy must be insured. It should be separate from, but adjacent to a drying room or drying area, and the locker room should be directly accessible to the gymnasium toilets.

In junior high schools and senior high schools the lane type of shower is preferred for boys. For girls, individual stall showers and dressing booths (2 to a shower) are provided. The compulsory use of a footbath at the entrance of showers must be considered in the planning. Pupils should be so routed that it will not be possible to walk anywhere with shoes on where it is necessary to walk barefooted. A means should be devised so slippers may be left at the entrance of the footbath, and picked up on the way out from the drying space. Provision should also be made for the storage and dispensing of clean towels at the entrance to the drying room and for the collection of soiled towels at the exit from the drying room.

j. Gymnasium Toilets

These toilets are provided primarily for the use of the occupants of the gymnasium and auxiliary spaces and are not intended

for the use of the school population in general. It is not desirable to require students in gym attire to travel through corridors to the toilet.

k. Emergency Room

This unit should be designed to serve three major functions. First, the care of accidents occurring in any school activity. Secondly, this space may also be used for the retirement of those who are unable to participate in strenuous activities or those who may be required to rest; and third, for the immediate isolation of any pupil discovered to have a communicable disease.

Where possible, this room might be planned in direct relationship with the medical and dental suite so that the functions of both units could be correlated.

l. Athletic Team Room

Since the primary function of this unit is to accommodate visiting athletic teams, it should be located convenient to the gymnasium and the athletic field. Lockers and suitable dressing facilities should be provided and ready access to the shower rooms is desirable.

m. Folding Bleachers

Provision for spectators is a necessary adjunct in all gymnasiums. However, many activities are conducted in the gymnasium when no spectators are present and when the additional floor space is needed, as for example, in regular school programs, the Rotary Program and school or community dances. Therefore, in order to accommodate a maximum of activities with a minimum of inconvenience, folding bleachers should be installed on one side.

In the case of elementary schools with a gymnasium of 55 feet, adequate space must be allowed for foot and leg room of the first row of spectators, without interfering with the basketball court which requires a minimum width of 42 feet plus 6 feet for offsides.

Balconies are not desirable, but if the planning is conducive to their inclusion, they may be considered.

2. *There should be recognition of the relationship between adequacy of space and facilities and adequacy of program.*

Certain phases of the physical activity program must of necessity be curtailed where space is inadequate. The health instruction program requires a regular classroom, blackboard and bulletin boards. Proper administration of health service requires that there be an emergency

room, a medical room, and provision for filing records. There must also be a conference room if interviews are to be properly conducted.

While the calibre of personnel is the greatest single factor in making effective a program of health education, the effect of physical conditions on the program must be strongly emphasized.

3. *Where space and facilities are inadequate, as in old buildings, every effort should be made to improve the conditions.*

Teachers working in these buildings can recommend the specific alterations and improvements. For example, in many such buildings an unused classroom can be converted into an individual health training room.

Energetic, interested, and resourceful teachers devise effective programs under poor conditions, but teachers of this type deserve the encouragement of facilities which will utilize their talents to the fullest.

The official school reports on rooms and facilities indicate much varation among the junior high schools of the City. Attention should be given to conditions in the least favored schools. Many improvements could be made. Examples of these are the provision of lockers, reconversion of rooms into small gymnasiums, installation of drinking fountains, toilets, and hand-washing facilities.

4. *Where space and facilities are inadequate the program content should be such as utilizes to the fullest extent the available space and material.*

The interest and resourcefulness of the teachers working with the problem often produce a surprisingly effective program.

5. *Where space and facilities approximate desirable conditions, all facilities should be fully utilized.*

A varied and comprehensive program can often be planned and administered where conditions are less than ideal.

Here again, the enterprise and energy of the teachers in the individual schools determine the extent and effectiveness of the program.

Where conditions are good a more comprehensive program should be expected.

6. *In the construction of new junior high schools full consideration should be given to the needs of the health education program.*

Much of the space and most of the facilities so provided could be made available to the community outside of school hours. A recommended plan follows in this section.

7. *In all buildings one room should be equipped and used for health instruction.*

In order that the room may have maximum use the following supplies and equipment are recommended:

a. Supplies
   1. Projection apparatus for all types of slides, films, and pictures.
   2. Storage cabinet.
   3. A cabinet with shelves to house materials
   4. Reference materials, books, charts, posters, and magazines
   5. Movable furniture
   6. Table and chairs

b. Equipment
   1. Outlet for projectors
   2. Wall screens for audio-visual instruction
   3. Dark shades for purposes of visual instruction
   4. A bulletin board

8. *There should be provided, in as close proximity to the gymnasium as possible, a health service suite. It should have a minimum over-all area of* 640 *square feet and the maximum of* 920 *square feet. The units to be included in the health service suite should be*:

a. A physical examination room

This room should be fitted with the following materials: flat-top desk, four chairs, an examination table, a closet for supplies, file cabinets for records, sterilizing equipment, an instrument cabinet, scales with a stadiometer and a waste receptacle.

b. A dental examination and treatment room

This room should be equipped with: a dental chair with a beam focus light fixture, a power-driven drilling apparatus, a sink with a foot treadle, an instrument sterilizer, and an instrument case with an opaque glass front.

c. An office for the school nurse and school health guidance counsellor

This room should be fitted with two fiat-top desks, two tables, four chairs, two filing cabinets for accumulated health records, wardrobe closets, telephone, inter-building communications, electric wall clock, typewriter and typewriter desk.

This office should be adequately equipped to conduct conferences and consultations with parents and pupils. Ample space should be provided for records and equipment.

d. An emergency rest room

There should be at least two cots covered with matresses and pillows, over which plastic covers are placed, a blanket on each cot, tables between cots, a book rack and clothes tree, chairs, waste receptacle, ice cap, hot water bottle, kidney shaped pan and wash basin. There should be indirect lighting in this room.

e. Lavatory, handwashing facilities and stall shower

f. A waiting room

There should be a table in the center for reading material, eight chairs, suitable wall decorations, a clothes tree and a waste receptacle. A drinking fountain should be installed here.

It is suggested that this suite should be painted in pale green. It should have a floor of mottled grey asphalt tile; windows should be covered with ivory-painted venetian blinds. Clinical standards of cleanliness should be maintained at all times.

9. *Throughout the building an approved air-sterilization system should be installed so that every room can benet from its use.*

Because of the need for effective sterilization, the emergency isolation room should be equipped with a special separate unit which would operate when the school sterilization unit goes out of order.

10. *In all schools the emergency room should be used as an isolation room for suspected communicable diseases of children.*

A separate room is desirable, but because of the great cost of a separate room for isolation purposes, the committee recommends that when the emergency room is needed for the purpose of isolating a child with a suspected communicable disease, the health instruction room might be used for emergencies. Another reason for using the emergency room as an isolation room is that "schools in most instances are not physically equipped to provide adequate isolation of children suspected of having a communicable disease.

It is advisable, therefore, to use the emergency room for the purpose whenever the occasion arises.

11. *Since there are so many schools that have no health service suites, the Board of Education should conduct a survey to determine how many schools and which schools lack such units and plan to provide them as rapidly as possible.*

12. *All requirements of Section* 200 *of the Sanitary Code should be met, not only in new buildings but also in existing school builidngs. Plans should also be made for meeting these requirements as*

rapidly as possible in older buildings so that all children may benefit from adequate medical, dental, and nursing services.

13. *All new junior high school buildings should plan for the following:*
    a. One Swimming Pool
        (1) Size—25′ x 75′
        (2) Location:
            (a) If gymnasium is on first floor, the pool should be underneath
            (b) If gymnasium is on higher floor, the pool should be *above* the gymnasium

    b. One Gymnasium
        (1) Stationary equipment:
            (a) Three baskets on either side of gymnasium (6)
            (b) One basket at either end of gymnasium (2) (Regulation court)
            (c) Four horizontal bars
            (d) Four sets of ropes
            (e) Two horizontal ladders (Adjustable)
            (f) Teacher's platform
            (g) Piano—recessed
            (h) Built-in bulletin boards
            (i) Supply cabinets

        (2) Movable equipment:
            (a) Volley ball nets and standards and balls
            (b) Ping-pong tables, racquets and balls
            (c) High jump equipment
            (d) Broad jump mats (4)
            (e) Basketballs
            (f) Baseballs and bats (softball and hardball)
            (g) Hurdles for track
            (h) Tennis racquets and balls
            (i) Golf driving cage
            (j) Handballs
            (k) Footballs
            (l) Soccerballs
            (m) Twenty-four mattresses

(3) Locker Rooms:

In close proximity to the gymnasium with a stairway leading *only* to the gymnasium and pool and showers. It hould include:

(a) Benches

(b) Lockers (one for each boy during that period)

(c) Mirrors

(d) Toilets—with handwashing facilities (soap and towels)

(e) One locker room each for boys and girls

(4) The floor markings should be made in four colors: black, white, yellow and green to indicate the boundary areas for different activities.

(5) Folding wall-type bleachers should be installed in all gymnasia to accommodate spectators in athletic contests and all affairs arranged for the school and the community.

c. Shower Rooms

(1) There should be enough units to accommodate all boys during a period at the same time.

(2) One shower room each for boys and girls.

d. Athletic Field

adjacent to school with:

(1) Cinder track

(2) Four softball diamonds

(3) Eight tennis court

(4) High jump pit

(5) Running broad jump pit

(6) Football area for association football. This is also used for soccer.

(7) Ice-skating rink for winter sports. This is done by flooding the tennis courts.

(8) The locker room, toilet and shower room facilities within the building will be used to prepare for athletic field use. The exit from the building should lead onto the athletic field.

Note—Since the above equipment and facilities will be used after school and evening by adults this should be borne in mind when setting up the plant.

e. Health Service Equipment and Facilities

(1) Medical room:

(a) Doctor's office for medical examination
(b) Waiting room
(c) Nurse's office

1. Located adjacent to gym
2. Files to hold cumulative health folders
3. Eye and ear testing material
4. Complete first aid kit
5. Thermometer
6. Scale
7. Stadiometer
8. Cot or couch

(2) Dental examination and repair room, complete for dental work by dentist

(3) Emergency room:

(a) Couch
(b) First aid equipment
(c) File for data pertaining to illness and accident cases

f. Health Instruction Rooms

(1) Movable tables and chairs
(2) An abundance of blackboard space
(3) Bulletin boards
(4) Outlets for projection
(5) Two rooms for girl's department should also be provided.

Note—These two rooms should be in close proximity to the gymnasium.

g. Individual Health Training Rooms

(1) One for each sex
(2) Facilities and equipment

(a) Stall bars lining the walls
(b) Full length mirror covering one complete wall
(c) Movable tables and chairs for quiet games
(d) Horizontal bars (2)
(e) Bulletin boards
(f) Recreational equipment

1. Ping-pong tables
2. Shuffle board
3. Quoits
4. Darts

5. Ring toss
6. Two baskets for practice of basketball fundamentals
7. Paddle tennis equipment

NOTE 1—"Individual Health Training" is a phase of the physical activity program. Therefore, this should be a fully equipped maller gymnasium next to the regular gym of the school.

NOTE 2—All equipment for sports that the unrestricted program includes, as eventually these children will be participating in the regular program.

NOTE.3—The athletic field, pool and showers should be available to these children.

h. STORE ROOMS
   (1) Two for each sex should be provided
   (2) Physical activity equipment:
      (a) Large enough to store movable equipment
      (b) Equipment for sports such as bats, balls, tennis racquets, golfing equipment, etc.
      (c) Phonograph and records
   (3) Health instruction equipment:
      (a) Visual aids—movies, stills, literature
      (b) Models, charts
      (c) Textbook (reference)
      (d) Health habit score sheets
      (e) All necessary stationery and forms

i. INSTRUCTOR'S OFFICE
   (1) Desk and chair for each teacher
   (2) Typewriter
   (3) Bulletin board
   (4) File for correspondence and class records
   (5) Telephone to main office
   (6) Locker room for the teachers to dress
   (7) Teachers' shower and toilet

j. DEPARTMENTAL CONFERENCE ROOM
   (1) Long table and chairs
   (2) Bulletin board for charts and diagrams
   (3) Blackboard

NOTE—This room should be used for regular departmental conferences.

k. Lunchroom and Cafeteria with Adequate Facilities, should be included in all buildings. This lunchroom and cafeteria should not be used as a substitute for gymnasium space.

(1) Sufficient handwashing, drying and toilet facilities should be installed adjacent to every lunchroom.

(2) Drinking fountains should be provided in this room.

(3) There should be a sufficient number of tables and chairs to provide a seat and table space for each pupil.

(4) Some form of entertainment, a record player or radio, should be part of the equipment in the lunchroom.

(5) The lunchroom should be made sound-proof, and prepared acoustically for large groups.

Note 1—The technical phase of construction and modern convenience such as sound proofing, amplifying systems, etc., should be left to the experts. Length, height, and size of rooms and play areas should be arrived at by close collaboration of these experts with the health education specialists.

Note 2—It is also well to remember that the facilities and equipment will be used by adults in the evening. Therefore, this should be taken into consideration when planning the construction of a modern physical education plant.

COOPERATION WITH COMMUNITY AGENCIES

For the Committee's suggestions on cooperation with community agencies, the reader is referred to the section dealing with this topic on the elementary school level, beginning on page 24. These suggestions can be applied to all school levels.

Problems Worthy of Further Study

1. Detailed plan for integrating learnings in health instruction with learnings in other curriculum areas.
2. The establishment of various coordinating committees:
   a. of the Department of Health and the Board of Education to work out a clear and definite plan of cooperation.
   b. of the Department of Parks and the Board of Education to work out a clear and definite plan of cooperation.
   c. of the Health Education Department and other recreative agencies of the Board of Education to coordinate and decide upon supervisory responsibility for out-of-school and after-school recreational experiences.

3. A study of desirable methods by which correct information regarding sex can be given in response to pupils expressed needs. A study of the new curriculum in England which provides for such graded progressive education for children from the age of seven, should be made.
4. A study of the role that all teachers play in connection with the development of the total health pattern of their pupils.
5. A study of methods of pre-service and in-service training in all phases of health, but particularly, in methods of observation, interpretation, and the correction of deviations from the optimum health expected of our children.
6. The recording of such data for proper use by all persons connected with the training of pupils.

III

The Academic High Schools

This chapter deals with the health program for pupils in the academic high schools. The committee conducting the health education survey on this level makes the following recommendations from the standpoint of curriculum, personnel, time, space, and facilities.

THE CURRICULUM

The aim of the health education program, to build in pupils the abundant vigor and vitality which is one of the foundations of happy living and personal security, can be attained only through a coordination and unification of all phases of the school experience which contribute to desirable growth in health behavior. Such desirable growth results in intelligent habit formation. The pupil learns how to direct his own efforts to improve his health.

The health education curriculum comprises all the experiences utilized by the school to attain the aim of enabling pupils to build sound, vigorous bodies and desirable mental attitudes. The recommendations for curriculum are listed under Health Instruction, Health Service, and Physical Activities. These areas are not mutually exclusive since each provides experiences which should favorably influence habits, attitudes and knowledges relating to personal and community health. Health education is a unified experience which effects the integration of these three areas through an understanding of their essential interrelationshp.

Health Instruction

1. *New York City should have a printed course of study in health education. Such a course should be graded and should state minimum requirements and include a testing program.*
2. *A staff of experts, in collaboration with general curriculum specialists, should make official periodic revisions in the curriculum in health education.*
3. *Definite standards of achievement should be established for each phase of health education; health guidance, health instruction, and directed physical activities on a city-wide basis.*
4. *A successful program in health education in the secondary schools should continue the instruction begun in the elementary schools and*

reflect an understanding of all phases of adolescent growth and development.

5. *The program should recognize the significance of important physiological changes that take place during adolescence and provide for them.*

6. *The course of study should be broad and flexible and provide many types of activities, adjusted to the needs, interests, and capacities of growing pupils, to satisfy the social tendencies developing at this time.*

7. *Every teacher should have a knowledge of fundamental psychological principles as they apply to adolescent growth and development.*

This involves an awareness of the implications of behavior and an understanding of human relationships. The teacher must see the adolescent as a functioning whole and must look beyond any overt or manifest act to seek the underlying reasons for it. Thus, in the pupil presenting deviations from accepted or normal behavior, the behavior should be considered as symptomatic of possible difficulties. The wise and understanding teachers will then try to find the appropriate remedy for these difficulties.

The adolescent's emotional security depends upon the ability of his parents, teachers and other adults to treat him as an individual, with respect for his rights as a person. The pupil must be given opportunities for success and approval. However, too sudden a thrusting of responsibility upon a pupil whose maturation level does not warrant it, is as destructive emotionally as is over-protection by parents and teachers who are afraid to let children grow up. An understanding teacher should know just how much protection and how much responsibility the pupil can take at different maturation and age levels.

8. *More instructional material should be made available.*

A central bureau of the Board of Education should stock special supplementary material such as films, projectors, pictures, stereographs, flat pictures, strip films, microscopic slides and other audio-visual teaching-aids. The Health Education Department should be responsible for informing schools of available material and for the distribution to, and the collection of, such material from the schools.

9. *The subject matter in all areas of the curriculum should be brought into a well-rounded plan as a core curriculum for the promotion of the health of the child.*

A staff of curriculum experts should determine contributions to health instruction developed in the fields of science, homemaking, home nursing, and social studies to the end that health instruction in the health

education areas should not duplicate this material, since the effect on the pupil is too often deadening. If the same unit of instruction must be taught in two subject fields, the angle of emphasis and of attack should be different.

10. *The title Health Instruction should be used to denote areas formerly entitled Hygiene and Health Teaching.*

11. *The materials and methods of health instruction should be developed in units. For example:*

    a. YOUR PERSONAL INVENTORY
        (1) Health status
        (2) Personal appearance

    b. YOUR PERSONAL HEALTH
        (1) Foods and nutrition
        (2) Training through motor activities
        (3) Rest and recreation
        (4) Dental health
        (5) Special senses
        (6) Alcohol, tobacco, narcotic drugs
        (7) Mental health

    c. PROBLEMS OF PERSONAL DEVELOPMENT AND ADJUSTMENT TO SCHOOL RELATIONSHIPS

    d. HEALTH IN YOUR SCHOOL, HOME, AND COMMUNITY
        (1) Healthful school environment; lighting; heating and ventilation
        (2) Health in the home, care of children, home care of the sick
        (3) Health protection in the community
        (4) Family relationships and preparation for marriage
        (5) Prevention and control of communicable disease

    e. SAFETY AND FIRST AID IN YOUR SCHOOL, HOME, AND COMMUNITY
        (1) Safety
        (2) First aid
        (3) Accident prevention
        (4) Driver education

12. *The Director of Health Education and his staff should provide from time to time copies of monographs on pertinent material such as: new advances in medicine, local community health problems, and health information for the home.*

13. *Instruction in home nursing and child care should be required for all pupils.*

Health Service

Medical and Nursing Services

1. *As the medical and nursing service sponsored by the Board of Education and provided by the Department of Health is extended, the POLICY AND PROCEDURES FOR VOCATIONAL HIGH SCHOOL HEALTH SERVICES* (1945), *now in use, should form the basis for detailed procedures and should be revised periodically as the need arises.*

   Delay in extending this vital service to all high schools is indefensible.

Records

2. *The following basic principles for the construction and use of health guidance forms should be considered*:
   a. Only standard forms adopted by the Board of Education and the Department of Health should be used.
   b. A coordinating committee from the Department of Health and the Board of Education should be established to evaluate health service forms, to suggest changes prior to adoption on a city-wide basis, and to design new forms where desirable.
   c. All record forms approved should be listed in the supply book.
   d. Forms used in health service programs should be integrated.
   e. Forms should be so designed as to be understandable by all who use them, both lay and medical personnel.
   f. All records should be accessible to persons authorized to use them, both lay and medical personnel.
   g. A system of cumulative health records should be maintained throughout the school career of the child.
   h. Adequate mechanisms should be set up for transferring all health records from grade level to grade level and from school to school.
   i. A definite policy should be developed for final disposition of health records. A statute of limitations should be established.
   j. The school administration should arrange adequate storage space for health education records.
   k. There should be no duplication of forms.

Medical Appraisal

3. *All pupils entering high school should be required to have a physical examination during their last year in elementary or junior high school, so that the record will be available to the high school on admission.*

4. *Each pupil should have an annual health examination of good quality by his private physician. When the pupil has no private*

physician, the examination should be made by the Medical Service of the Department of Health in the school.

5. *Semi-annual visits to the dentist for examination and necessary care should be encouraged. A dental report should be filed once each year.*

6. *A chest X-ray for tuberculosis should be provided for each high school pupil every two years during his high school career.*

7. *The health service teacher should be responsible for:*
   a. The following annual procedures and their entry on the health records:
      (1) Vision test
      (2) Audiometer test
   b. The following semi-annual detailed physical examinations including:
      (1) Inspection of hair, skin, nails; detection of postural defects, structural and infectious conditions of the feet; measurement of height and weight, and nutritional rating.
   c. The follow-up of all cases revealed by the semi-annual medical, dental, and physical examinations. (Teaching time should be allowed in the teacher's schedule for the performance of these functions.)

8. *The facilities of the Bureau of Child Guidance should be expanded to permit adequate psychiatric and psychological services to high school pupils.*

Follow-up of Health Problems

9. *All pupils in regular gymnasium classes should receive health guidance by the health guidance counsellor assigned to the group.*

10. *All physically handicapped pupils, including post-operatives and those below par, should receive health guidance from their individual health training teacher.*

Review of Records

11. *In all schools, whether or not Department of Health medical service is provided, the health service teacher should review all medical reports at least once a term and note all pertinent findings on the face of the health envelope.*

12. *In schools having Department of Health medical service, records of all newly admitted pupils should be reviewed by the school nurse and the health service teacher, who will be responsible for follow-up*

of medical problems of all pupils recommended for individual health training, or other school adjustment.

13. *Records of all other pupils should be reviewed jointly once each term by the school nurse and the health service teacher, to exchange information and allocate follow-up.*

Conference with Pupils

14. *Each health service teacher should be responsible for interviewing every pupil in his guidance group at the beginning of each term and to ascertain whether or not he has had any illness since his last medical appraisal. Other conferences should be scheduled as needed.*

Medical Referral

15. *In schools with no Health Department service, the health service teacher will be responsible for direct referral for medical care where it is indicated.*

16. *In schools with Health Department service, pupils with potential or actual medical problems should be referred to the school nurse by the health service teacher.*

School Adjustment

17. *Emergency Cards giving vital information for each pupil in case of illness or accident at school should be filed with the pupil's cumulative health records, and should be brought up-to-date each term.*

18. *All physically handicapped pupils should be assigned to individual health training classes.*

19. *The health service teacher should confer with all teachers of every pupil who has a health problem which requires special supervision (such as epilepsy or diabetes.)*

The health problems should be noted on the pupil's Emergency Card. Double sets of books and elevator passes should be issued, if possible, to all such pupils.

20. *All school personnel (health service teacher, nurse, dean, official teacher, etc.) connected with a health or behavior problem case should meet to discuss the case and to determine responsibility for referral and follow-up.*

Conferences with Parents

21. *In schools with no Health Department service, conferences with parents about health problems should be arranged by the health service teacher and the dean.*

22. *In schools with Health Department service, such conferences should be arranged by the school nurse and the dean.*

PHYSICALLY HANDICAPPED CHILDREN

23. *Services for physically handicapped children, i.e., medical examination and follow-up, comparable to those in elementary schools, should be available to all high school pupils.*

24. *Special classes should be established for children with severe visual and hearing difficulties.*

Physical Activities

1. *A broad program of developmental activities for all pupils should include conditioning exercises, tactics, apparatus work, stunts, tumbling, dancing, swimming, and a wide range and variety of games and sports.*

2. *Classes should be graded at least by years, preferably by terms.*

3. *Pupils should be classified according to their needs, interests, and capacities.*

4. *Competing individuals or teams should be classified according to their physical ability.*

5. *Pupils should take a shower after each period of physical activity. This necessitates double periods.*

6. *Competence in swimming should be required for graduation. The schools should make sure that every child can swim both for his own safety and as a recreational activity.*

7. *Leaders' clubs should be established to provide opportunity for exceptional pupils to develop leadership.*

8. *The physical activity program should not be curtailed because of unjustified overemphasis on prevention of accidents.*

9. *Physical education should include sufficient body building exercises to develop muscular strength and endurance. It should involve also participation in games, sports, and dancing which develop activity skills and agility. The intra-mural program should provide opportunities for participation in athletics for all boys and all girls.*

10. *The directed physical activity (instructional) program and the intra-mural program should motivate each other.*

11. *Where the war-time "ranger program" has been found successful in motivating pupil interest and achievement it should be continued in peace time.*

12. *Pupils should be exposed to as broad a program as possible during the first two years. In the third year pupils should have an opportunity for specialization. In the fourth year pupils should be guided to enable them to elect their own activity program.*

13. *Units of instruction in sports should include techniques, lead-up games, patterns of strategy, rules of play, training of officials and the official game.*

14. *A battery of tests should be developed which will measure, not only skill in performance, agility, coordination, strength and endurance, but also indicate specific weaknesses and test knowledge.*

15. *As a culmination of the units in activities pupils should be ready to enjoy intra-mural activities and participate in athletic meets, field days, play days, swimming carnivals, pageants, and school dances.*

16. *The sports program should be planned on a seasonal basis.*

17. *There should be maximum use of facilities in curricular and extra-curricular activities.*

18. *Girls should have a broad intra-mural program, but no inter-scholastic program.*

19. *Athletic activities and sports for girls should be conducted by women under girls rules.*

20. *Athletic activities for boys should be conducted by men under boys rules.*

21. *Awards for merited recognition in sports should be simple and suitable in character for either individuals or teams.*

22. *The High School Games Committee should be progressive in sanctioning the introduction of new sports and should continuously reevaluate the guiding principles upon which matters of policy are decided.*

23. *The following program of physical activities is recommended:*
    a. Fundamental activities
       Balancing-tumbling
       Batting-striking
       Catching-throwing-passing
       Climbing-crawling

Combative-struggling
Dodging-evading
Falling-rolling
Jumping-vaulting
Kicking
Lifting-carrying
Walking-running-skipping

b. Emergency skills
Behavior patterns should be established which will constitute preparation for meeting every day tasks and emergencies, with alertness, fortitude and emotional control.

c. Dancing—folk, tap and social (with modern dancing for girls), and square dancing.

d. The game program should include:
Games of low organization: relays, lead-up games, such as: bat-ball newcomb.
Games of high organization: volley ball, captain ball, basketball, softball.

e. Activities for intra-mural work and inter-scholastics for boys:

Archery
Badminton
Baseball
Basketball
Bowling
Boxing (boys only)
Deck Tennis
Fencing
Football (boys only)
Golf
Handball
Hockey
Lacrosse (boys only)
Outing activities such as bicycling, camping, hiking, scouting, skiing
Paddle Tennis
Quoits
Rifle Practice
Shuffle Board
Skating—roller and ice
Soccer
Softball
Speed Ball
Squash
Swimming
Tennis
Track and field
Wrestling (boys only)
Horseback riding

INDIVIDUAL HEALTH TRAINING

24. *The individual health training program for each physically handicapped pupil should be planned with the advice of the pupil's physician, who should have descriptions of the activities possible in these classes.*

25. *There should be continuous observation and supervision of the health of all pupils with special health problems.*

26. *The program in the health training room should be as close to the normal program as possible.*

27. *While it is understood that the pupil with special health problems needs individual attention, over protection should be avoided. These pupils should be encouraged to participate in general school activities.*

28. *Regular school lunches and extra nourishment should be provided, without charge if necessary, for all pupils who are below par.*

Physically Handicapped

1. *The type of service provided by the Department of Health to physically handicapped pupils in the elementary schools should be extended to such pupils in all academic high schools.*

2. *Each of these pupils should receive health guidance from his individual health training teacher.*

PERSONNEL

1. *The basis for the assignment of personnel in the field of health and physical education shall be the required use of the space facilities that are provided for the subject area. The facilities that are to be considered as basis for the assignment of teachers shall be:*

   a. Gymnasium
      Indoor Playground
      Athletic Field with various court facilities for intra-mural and inter-scholastic athletics
   b. Swimming pool
   c. Showers
   d. Individual health training room
   e. Hygiene class room
   f. Health guidance room
   g. First aid room (emergency)
   h. Records office

2. *Teachers shall be assigned to the various facilities on the basis of the number of pupils that have been programmed to these facilities—in accordance with the following ratios per period:*

   a. (1) To the Gymnasium and Field assignments: 1 teacher—up to 50 pupils

      (2) A pianist should be provided for every girls' Health Education Department

b. Swimming Pool and Showers: two teachers, one of whom shall be the licensed teacher of swimming, and the other a licensed health education teacher, should be on duty for each class of 40 assigned to the swimming pool or 30 in the Life Saving Class
c. Showers: In those schools where there are only showers, instructor in showers should be assigned
d. Individual Health Training Room: one teacher for every 25 pupils (this includes time for service)
e. Hygiene Class Room: one teacher for 35 pupils
f. Health Guidance Room: one teacher for 70 pupils
g. First Aid Room: (Emergency) recommendation is made for full coverage as the experience of the school requires.
h. Record Office: one teacher for every 70 pupils

NOTE: The assignment of a clerk to the Health Education Department would relieve health education teachers for other duties.

i. Since the intra-mural program (for boys and girls) and inter-school athletic activities program (for boys) are integral parts of the program in health and physical education, teachers of health education may be assigned to these activities *as part of their regular school day*, according to the needs of each school.
   (1) It is recommended that the equivalent of 40 periods per week be assigned to each department of health education for a maximum program in intra-mural and inter-school athletic activities program. This provision for coaching shall operate only when such activities are programmed, entirely or in part, and the chairman of the department shall indicate to the principal of the school that either the complete allowance of 40 periods is necessary or such part of is as may be warranted by the program of intra-murals and inter-school athletic activities.
   (2) This provision shall apply to girls' activities as well as to boys' activities.
   (3) Coaching period allowances shall be made on the basis of 10 periods for major activities and five periods for minors.
   (4) Assignment to coaching or athletic club activities shall constitute teaching assignments.
   (5) Coaches who complete a season before the end of the term shall be assigned to intra-mural activities or other departmental teaching assignments for the remainder of the term.
   (6) It is recommended that a minimum allowance of 10 periods per week be granted to the department of health education for the organization, administration and supervision of a program of intra-mural and inter-school athletics.

(7) Coaching of teams should be an integral part of the teaching situation, for which a time allowance should be made. When this is not possible, e.g. Saturdays and holidays, financial remuneration should be given.

3. *Teachers of health education shall be assigned to a maximum of* 25 *teaching periods weekly and* 5 *periods of building assignments which may be devoted to records* (*health, inspection of equipment, preparation of floor areas, notation of various findings on the various cards*) *or to duty in the Emergency Room.*

4. *Teachers of health education shall not be assigned to other duties in the school organization unless a regular teacher of health education is assigned in his or her place for the subject area to cover the aforementioned ratios.*

5. *Auxiliary Service.*
   a. Medical, dental and nursing service should be assigned to every high school in accordance with the recommendation heretofore made in this report.
   b. Adequate child guidance service should be provided for each high school.
   c. Special teachers of sight conservation and for the acoustically handicapped should be provided for classes established in selected districts.
   d. A custodial assistant to take care of outdoor areas, track, fields, concrete areas, etc., should be assigned.

6. *A Health Council should be established in each school as an advisory and coordinating body. It should be as representative as possible.*

The principal should be chairman of this council. The committee should include the district health officer, health education chairman, school doctor, nurse, dictician, deans, counselors, representatives of all subject areas, custodian, a representative from the student body, from the parent's association and from community health agencies.

TIME ALLOTMENT

Many of the reports of sub-committees indicate the need of a great increase in time by the amount of material and the suggestions made in the report. Many of them do not say how much time is needed and a conservative estimate of the amount of time necessary to do the work and perform the services indicated within the report more than doubles the available time at present. There are, however, many references to the time allotment and these are listed below grouped according to the various divisions in the health education program:

1. *The total program should consist of a maximum of* 10 *periods a week in multiples of double periods. This will include a minimum of two periods a week for health instruction, eight periods a week for physical activities to include inter-scholastic, intra-mural activities, gymnasium activites and swimming.*

2. *For effective health service there should be at least one teacher assigned to health guidance for each gym period.*

3. *In order to provide needed service, departmental time should be allowed for conferences with other than students.*

4. *There should be a substantial increase in time allotted for service in school by school physicians and school nurses, who should be assigned to all schools on the basis of established ratios.*

5. *There should be uniformity in time arrangements for health instruction in all the New York City schools.*

6. *A minimum of* 16 *periods of health instruction should be assigned during the eight terms. These* 16 *periods should be arranged to provide five periods a week during the second year and one period a week for six terms or two periods a week in each term.*

7. *The program of teaching assignments for teachers of health education as well as the chairman of the department should be figured on the same basis as in all academic subjects.*

PLAY SPACE AND BUILDING FACILITIES

1. *For the proper implementation of the program in health education the following space and building facilities are essential:*

   NOTE: The following should be part of *each* department unit (boys and girls).

   a. THE INDOOR GYMNASIUM FOR BOYS

      (1) Size—75 feet by 150 feet

      (2) Location—in a wing of the building readily accessible to street and athletic field

      (3) Necessary equipment—4 adjustable high bars; 4 adjustable parallel bars; 4 adjustable horses; rubber broad jump mats; tumbling mats (24—10 x 4, 16—7 x 3); parallel bar mats (Shaped over base); 1 large wrestling mat; 2 sets of spectators' stands recessed on long sides of gym (each seating 300 spectators); jumping ropes; 1 mat truck, 16 climbing ropes; 6 volley ball standards; 1 teacher's platform (with surrounding rail on two sides and closet beneath); 2 high jump standards;

high jump cross bars; deck tennis rings and nets; shuffleboard sets; table tennis nets, balls and paddles; eye glass guards; cocoa mats for golf cage; basketball backstops and goals; boxing gloves; golf cage (used also for target throws); mat hooks, wall cleats; floor plates; ropes; twine; worsteds; volleyballs; basketballs; medicine balls; cageballs (36 x 24); punching bags and drums; bulletin boards; steel game cabinets; volleyball nets; targets for throw; rule books; officials' whistles and horns.

(4) Miscellaneous—an indoor track should be provided.

b. Auxiliary Gymnasium for Boys

(1) Size—50 feet by 100 feet

(2) Location—adjacent to main gymnasium

(3) Purpose—to train leaders and care for limited activities groups.

c. Indoor Gymnasium for Girls

(1) Size—space 75 feet by 150 feet; location as in A2

(2) Necessary equipment—Ropes; horizontal bars; ladders (horizontal and oblique); vaulting boxes; rings; stall bars; benches; mats; horse; buck; parallel bars; balance beam; plinth; piano; electric victrola; amplifiers, and records.

(3) Miscellaneous—

(a) Floor should be free from splinters, nails and loose boards

(b) Auxiliary gym for girls, 50 feet by 100 feet

(c) All equipment should be carefully inspected and kept in in good condition

(d) Floors should be marked for games

(e) Every health education department and school library should have reference books on the dance and sheet music for the dance

(f) Every school should have a library of films

(g) Social dancing requires a pleasant environment under healthful conditions, preferably in the health education plant. The number of participants should be limited according to available space. Lavatory and dressing room facilities should be provided nearby.

d. The Individual Health Training Room

(1) Size—1½ classroom units

(2) Location—on sunny side of building, preferably on floor with locker room and showers

(3) Necessary equipment—stall bars, balance beam, chinning bar, three-section mirror with lock, 24 sponge-rubber mats, steamer chairs, locker for supplies, filing cabinets, table tennis set, wool balls, teacher's desk and chairs, health library

(4) Lights and window protection

e. The Health Guidance Room

Adequate filing space and cabinets

f. One or More Hygiene Rooms

(1) Library
(2) Visual aid equipment
(3) Display cabinets
(4) Storage cabinets

g. The First Aid (Emergency) Room with Facilities For Isolation

Inside and outside telephones

h. Health Education Chairman's Office

Inside and outside telephones

i. Health Teachers' Workroom

j. Teachers' Dressing Room

Shower facilities

k. Medical Quarters of Standard Design Adjacent to Health Guidance Room for Convenient Use of Files

l. Athletic Field

(1) Size—area the size of a full baseball diamond
(2) Location—easily accessible to locker and shower rooms
(3) Necessary equipment—baseball bases; 2 high jump standards with cross bars; 2 pole vault standards; vaulting poles; pole vault trough; roller for track and tennis courts; motor-driven lawn mower; line marker; tennis rackets; 16 adjustable hurdles; basketball backstops and goals; standards for badminton and volleyball; broad jumping boards; shot put rings and boards; shots (8 and 12 lbs.); outdoor teaching platform; material for obstacle course; team benches; speedballs; baseballs; softballs; footballs; soccer balls; volley balls; handballs; tennis balls; tennis nets; soccer and football goal posts; stop watches and timers.

(4) Miscellaneous—the athletic field should be planned for extra-curricular as well as the daily program. It should include a baseball diamond upon which other games may be played;

football field and concrete stands for spectators; soccer field; tennis courts; at least two of which should be clay; paddle tennis courts; hockey field; skating area suitable for flooding for the winter; volley ball courts; badminton courts; basketball courts; handball walls; shuffleboard area; running track; jumping and vaulting pits; shot put area; etc.; a grass surface should be provided and maintained.

m. Outdoor Play Field

(1) Location—easily accessible to lockers and shower rooms

(2) Necessary equipment—standards for games; basketball backstops and goals; nets for tennis and badminton.

(3) Miscellaneous—concrete areas should not be white. All courts should be correctly marked.

n. Natatorium

(1) Location—easily accessible from street and from gymnasiums. Shower room, suit and towel room, sterilizing room and office of teacher of swimming, all of which should be easily accessible to pool.

(2) A gallery for spectators easily accessible from school building and stairs, should be provided.

(3) Recommended equipment—diving board; kicking boards; bulletin boards; two life rings; bamboo poles; telephone; electric clock.

o. Dressing Rooms and Shower Rooms

(1) Location—readily accessible to gymnasiums, natatorium and sterilizing room

(2) Size—sufficient shower facilities to permit 30 to 40 students to take showers at one time

(3) Necessary equipment—toilet facilities; good drainage; liquid soap containers; hair dryers; stationary wall mirrors above shelves; sufficient number of full-length steel lockers of sturdy construction to provide one for each pupil; immovable dressing benches

(4) Miscellaneous

(a) Simple shower handle adjustments—central temperature control

(b) Gang showers with a few individual showers

(c) Soap and paper towels for all lavatories

p. The Rifle Range

One should be provided in all new high schools.

RECOMMENDATIONS

1. *Facilities of plant structure and equipment are inadequate in many schools, especially co-educational schools that have only one gymnasium.*

2. *Every school should have a pool, athletic field, and lockers for every pupil; also corrective gymnasium, health service office, emergency clinic, and medical quarters of standard design.*

3. *Old schools should be modernized so as to include renovated gymnasiums, locker rooms, health examination rooms, infirmary, individual corrective rooms, and medical rooms.*

4. *Filing equipment is badly needed in most schools and should be provided.*

5. *Play space and facilities should be shared with other community organizations.*

6. *There should be a wing with an adjoining play field in newly constructed school buildings containing the gymnasiums, pool, club organization rooms, auditorium, rest rooms for boys and girls, etc., that could be shut off by a fire door from the rest of the plant for use by the community.*

7. *A member of the Division of Community and Recreational Activities should serve in an advisory capacity to the construction division to help assure the embodiment of all the facilities necessary for a community recreation program. In connection with the play field, the division should consider the use of flood lights and sound amplifiers to help extend its out-of-doors program into the after-dark hours.*

School gymnasiums, auditoriums, and play yards should be available to the community in the late afternoon and evening periods not only on week-days but on week-ends and holidays as well. Entrances to all community facilities should be planned so that the public may go directly from the street and thus protect the rest of the building from excessive traffic.

8. *Space should be made available in high schools for social clubs and recreation rooms.*

9. *Wherever possible, swimming pools should be constructed in schools that now lack these facilities.*

The drowning losses in World War II, due to inability to stay afloat, even for a short time, indicate the importance of the teeaching of swimming.

There should be ample deck space around the pool to allow for passing and for formal classwork with 30 to 40 pupils.

There should be an adequate shallow-water area.

There should be non-skid tile wherever there is danger of slipping.

10. *All new schools should be provided with swimming pools.*

11. *Adequate facilities should be provided for the presentation of an intra-mural program for all and an inter-scholastic program for boys outstanding in physical education abilities; promoting the idea of play and recreation as aspects of the finest living.*

12. *Use of the gymnasium, play fields, tracks, play streets, neighborhood gymnasiums, handball courts, etc., for the conduct of intra-mural activities should be encouraged. Sanitary and safety conditions must be satisfactory.*

13. *All school facilities are used for athletics. When facilities are lacking, community facilities should be used after inspection by the Health Educaton Department with the approval of the Board of Education.*

14. *Supplementary material for the athletic program is essential. These include such items as films, books, official guides, rule books, etc.*

15. *More playing fields are needed for inter-school athletics. Armories should be made available to all schools for indoor athletics.*

16. *Schools should no more be obliged to finance athletic programs which call for the purchase of uniforms, basketballs, baseball bats, and other athletic equipment than they are at present expected to buy textbooks or supplies for classroom use. All of these materials should be provided by the Board of Education.*

17. *A conservative estimate of the cost of athletic supplies is* $2,000 *for each school each year, with the exception of those schools which start new sports and require a complete line of new equipment.*

18. *Storage space must be provided in each unit where instruction goes on, indoors and out-of-doors. It should not be necessary to carry large quantities of equipment, standards, etc., from gymnasium to gymnasium and from indoors to out-of-door spaces.*

19. *Equipment should be regularly inspected by authorized Board of Education officials and necessary repairs should be made immediately. Funds for such purposes should be provided by the Board of Education.*

20. *Electric phonographs and amplifiers should be installed in all gymnasiums.*

21. *Curtains for showing films should be installed in the gymnasium.*

22. *Proper acoustics should be arranged.*
No tile to ceiling should be permitted since it disturbs sound amplifications.

23. *Isolation facilities should be provided in all schools.*

24. *Safety precautions must always be observed and first aid material must be available at all times. First aid cabinets should be installed in all gymnasiums and central offices.*

25. *Steps should be taken to survey those schools that find it impossible to incorporate these recommendations, and improvements planned immediately thereafter.*

26. *All personnel concerned with the use of facilities should be consulted in planning new schools to see whether or not provision is being made for the facilities deemed desirable and essential.*

27. *Present buildings should be surveyed to consider carefully what building changes should be undertaken in the next few years to implement the essential health education program, and steps taken to remedy the conditions.*

COOPERATION WITH COMMUNITY AGENCIES

For the Committee's suggestions on cooperation with community agencies, the reader is referred to the section dealing with this topic on the elementary school level, beginning on page 24. These suggestions can be applied to all school levels.

IV

The Vocational High Schools

This chapter deals with the health program for pupils in the vocational high schools. The Committee conducting the health education survey on this level makes its recommendations from the standpoint of curriculum, personnel, time, space, and facilities.

Introduction

A survey and evaluation of a health education program in the vocational high schools may well start with the fundamental premise that the need for health education exists and that supplying this need is a function of the schools on all levels. The particular need for including health education as a vital part of the curriculum of the secondary school arises from the importance of this training during the period of adolescent growth. Provision for health education as a school function is universally accepted. Its importance is considered first in the guiding principles of curriculum construction. The shortcomings of the school health program find expression whenever statistical studies are made of the health of the population. The appalling number of rejections for physical reasons during the operation of selective service during World War I had its counterpart in the selective service rejections for World War II. The condition has led to a demand that the schools increase the health education program and accept a greater share of responsibility for the health of its pupils.

The aims and objectives of a health education program for secondary schools apply to all types of schools, vocational as well as academic. Additional reasons may be added for the necessity of an adequate program in the vocational high schools. The pupils of these schools are preparing to enter industry upon leaving school. Therefore the vocational high schools will be for most pupils the last contact with formal educational influences. The need for promoting optimum health of children is a function of the educative process. The need for building up physical stamina and training in proper health habits and attitudes are part of this process.

The obligation of the secondary schools to provide a health educa-

tion program is provided in the State Education Law under Articles 26, and 26A and the regulations of the Board of Regents:

> "In the secondary schools a minimum of five hours (300 minutes) a week of directed physical education activity shall be provided, two hours (120 minutes) must be under the direction of school authorities, three hours (180 minutes) may be assigned by school authorities to supervision of home or outside agencies, recognized as competent to direct physical activities and secure educational results."

It is the opinion of this committee that a minimum of five periods per week throughout the four years of high school is necessary for an adequate program of health education.

The New York State law has been interpreted freely so that five periods per week of forty-five minutes have been held to satisfy the statutory requirements.

In the past, difficulties have been experienced by the vocational high schools in allocating the adequate amount of time to health education. This situation existed because there was a tendency for a strict interpretation of the time allotments for groups of subjects under the Smith-Hughes Law.

On September 7, 1944, the New York State Department of Education issued a circular entitled, "The Liberal New York State Industrial High School." According to the provisions of this circular the curriculum of he vocational high schools has been "liberalized" by a flexible interpretation of the Smith-Hughes Law so that greater provision may be made for specific needs.

THE CURRICULUM

Health Instruction

Health instruction involves every phase of health education in both the formal and informal or incidental teaching. It is evident in the coordinated and related learnings, in directed physical activities, health guidance, and extra-curricular work. Formal health instruction should be considered an integral part of any well-planned program of health education and as supplementing other phases of health teaching.

NOTE: The term health instruction has been used in this report instead of the terms hygiene and health teaching.

The obligation of the secondary schools to include a program of health instruction in its curriculum, is embodied in the New York State Law[1].

[1] New York State Education Law, Act 26, 26A.

"Health teaching shall include the inculcation of desirable habits, attitudes and knowledges in safety, sanitation, nutrition, physiology, the effects of drugs and alcohols, social hygiene, mental hygiene, and other needs of society; instruction in relation to the health habits, knowledges and attitudes of pupils, designed to develop independence and self-direction in personal and community health."

A resolution of the New York State Board of Regents in September 1942[2] states

"Health training shall be required for all pupils in junior and senior high school grades and shall be taught by teachers with approved preparation."

The terms health education, health teaching and health instruction overlap one another in meaning and content and are often used indiscriminately. Health instruction as discussed in this chapter will deal with formalized instruction in a classroom situaton.

Formal health instruction is concerned chiefly with:

1. Imparting general authoritative information useful for healthful living.
2. Training in good habits and attitudes of health.
3. Training in first aid and safety.[3]

A survey of twenty-four vocational high schools shows that health instruction is, for the most part, recognized as a function of the health education department. In a few schools, the lack of uniformity in the programming of health instruction was evident.

a. Eighteen schools report all or part of their students programmed for health instruction. Not all schools, however, have been able to assign health instruction to the health education department.
b. In one school, health instruction is the responsibility of the science department.
c. In one school, health instruction is given for five or ten minutes at the beginning of the physical activity program.
d. In some schools, the health instruction classes are programmed by the health education chairmen, while in others they are programmed by the program committee.
e. In one school, health instruction is taught only in the third term for five periods per week in alternate weeks.
f. In one school, the health instruction course consists of first-aid instruction given in the seventh term.

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[2] Health Teaching Syllabus for Junior and Senior High Schools, University of the State of New York, 1944, p. 11.

[3] Board of Education, Tentative Course of Study and Syllabus in Health Education, 1939 (Mimeographed).

It is the opinion of this Committee that formal health instruction be required of all pupils every term for the equivalent of one period per week. This period should be part of the five periods of health education as recommended in the previous chapter. An ideal program would consist of two double periods of directed physical activities and one period of formal hygiene instruction. Another suggestion that deserves serious consideration is to give health instruction for five periods per week for one month each term, omitting during that time the directed physical activities. This program would achieve a continuity of instruction.

Absolute uniformity in requirements, content of courses of study, and lesson plans may not be essential or even desirable. There must always be room for flexibility to meet special needs of a school. Certainly the difference in physical facilities available must affect the extent and efficacy of the program. To all this, there are added difficulties in following an adequate health education program within the time allotment restrictions of the Smith-Hughes Law.

RECOMMENDATIONS

1. *New York City should have a printed course of study in health education. Such a course should be graded and should state minimum requirements and include a testing program.*

The courses of study in health instruction in the vocational schools are in urgent need of standardization and revision. Twenty-one schools report using a course of study in health instruction. In three of these schools the course used is one that was formulated by the Board of Education; in twelve schools by the chairmen of the health education departments; and in eleven schools by teachers of these departments. The committee did not undertake a study or evaluation of the courses used in health instruction because of the wide differences existing in the courses used and in the time devoted to this subject in the various schools. The formulation of new courses is an urgent need and should be undertaken by committees of teachers and supervisors under the direction of the Department of Health Education and the Curriculum Division.

Under the direction of the Department of Health Education of the Board of Education, courses of study in health education should be standardized for all secondary schools.

2. *A staff of experts, in collaboration with general curriculum specialists, should make official periodic revisions in the curriculum in health education.*

3. *Definite standards of achievement should be established for each phase of health education, health guidance, health instruction and directed physical activities on a city-wide basis.*

4. *A successful program in health education in the secondary schools should continue the instruction begun in the elementary schools and reflect an understanding of all phases of adolescent growth and development.*

5. *The program should recognize the significance of important physiological changes that take place during adolescence, and provide for them.*

6. *The course of study should be broad and flexible and provide many types of activities adjusted to the needs, interests, and capacities of growing pupils, to satisfy the social tendencies developing at this time.*

7. *Teacher training should stress the implications of behavior and an understanding of human relationships.*

The teacher must see the adolescent as a functioning whole and must look beyond any overt manifest act to seek the underlying reasons for it. Thus, in the pupil presenting deviations from accepted or normal behavior, the behavior should be considered as symptomatic of possible difficulties. The wise and understanding teacher will then try to find the appropriate remedy for these difficulties.

8. *More instructional material in health instruction should be made available.*

A central bureau in the Board of Education should contain special supplementary material such as films, projectors, pictures, stereographs, flat pictures, strip films, microscopic slides and other audio-visual teaching-aids. The Health Education Department should be responsible for informing schools of available material.

9. *The subject matter in all areas of the curriculum should be brought into a well-rounded plan as a core curriculum for the promotion of the health of the child.*

A staff of curriculum experts should determine contributions to health instruction developed in the fields of science, homemaking, home nursing, and social studies to the end that health instruction in the health education areas should not duplicate this material, since the effect on the pupil is too often deadening. If the same unit of instruction must be taught in two subject fields, the angle of emphasis and of attack should be different.

10. *The title Health Instruction should be used to denote areas formerly entitled Hygiene and Health Teaching.*

11. *The materials and methods of health instruction should be developed in units, along the lines suggested in Bulletin number 3 of the*

Health Education series of the State Education Department, May 15, 1944. For example:

a. YOUR PERSONAL INVENTORY
   (1) Health status
   (2) Personal appearance

b. YOUR PERSONAL HEALTH
   (1) Food and nutrition
   (2) Training through motor activities
   (3) Rest and recreation
   (4) Dental health
   (5) Special senses
   (6) Alcohol, tobacco, narcotic drugs
   (7) Mental health.

c. PROBLEMS OF PERSONAL DEVELOPMENT AND ADJUSTMENT TO SCHOOL RELATIONSHIPS

d. HEALTH IN YOUR SCHOOL, HOME, AND COMMUNITY
   (1) Healthful school environment; lighting, heating, and ventilation
   (2) Health in the home, care of children, home care of the sick
   (3) Health protection in the community
   (4) Family relationships and preparation for marriage
   (5) Prevention and control of communicable disease.

e. SAFETY AND FIRST AID IN YOUR SCHOOL, HOME, AND COMMUNITY
   (1) Safety
   (2) First aid
   (3) Accident prevention
   (4) Driver education.

f. YOUR INDUSTRY
   (1) Healthful shop environment
   (2) Safe shop environment
   (3) Prevention of industrial diseases
   (4) Industrial Health Insurance Plans.

12. *The Director of Health Education and his staff should provide from time to time copies of monographs on pertinent material such as: new advances in medicine, local community health problems, and health information for the home.*

13. *Instruction in home nursing and child care should be required for all pupils.*

14. *Health instruction should be given by the health education teachers and supervised by the chairmen of the health education departments.*

TEXT AND REFERENCE BOOKS SHOULD BE PROVIDED FOR ALL CLASSES.

Adequate sets of health instruction books were reported by nine schools. Sixteen schools have student reference books, while seven report they do not. Reference books for teachers are available in sixteen schools. Six schools report that they do not have such reference material.

The matter of books is one that can be remedied easily. Annual appropriations for text and reference books for vocational schools have been liberal in the past few years. Equipping schools with books for instruction depends upon the recommendation of the chairman and the decision of the principal to allocate a part of the appropriation for books for this subject.

15. *Systematic plans should be provided for discovering individual needs and for differentiating individual programs to meet the needs of each child. The program should provde for instruction to the student and the parents of the proper solution of the pupil's individual health problems.*

16. *A separate Curriculum Bulletin should be developed in the field of Safety Education, Accident Prevention, and First Aid for all schools.*

Health Service

Health service as outlined in the State Education Law includes "health service to school children, including those procedures necessary to determne the health status of the child, to enlighten parents as to the defects that may be present, to prevent the spread of contagion, and to secure the correction of remediable defects."

Health guidance comprises services rendered for the student to assist him in securing those examinatons which determine his health status, and to work toward the correction of remediable defects established by these examinations. This is done by conference and follow-up with students and parents, and by coordination with available medical and social agencies. It includes, also, adjustments in the school life of the child where necessary.

RECOMMENDATIONS

1. *As the medical and nursing service sponsored by the Board of Education and provided by the Department of Health is extended, the POLICY AND PROCEDURES FOR VOCATIONAL HIGH SCHOOL HEALTH SERVICES* (1945), *now in use, should form the basis for detailed procedures and should be revised periodically as the need arises.*

2. *The following basic principles for the construction and use of health guidance forms should be considered.*
   a. A simple system of essential records for practical use should be established and maintained. The necessary forms should be drawn jointly by the Board of Education and the Department of Health.
   b. Only standard forms adopted by the Board of Education and the Department of Health should be used.
   c. A coordinating committee from the Department of Health and the Board of Education should be established to evaluate health service forms, to suggest changes prior to adoption on a city-wide basis, and to design new forms where desirable.
   d. All record forms approved should be listed in the supply book; there should be no duplication of forms.
   e. Forms used in health service programs should be integrated.
   f. Forms should be so designed as to be understandable by all who use them, both lay and medical personnel.
   g. All records should be accessible to persons authorized to use them, both lay and medical personnel.
   h. A system of cumulative health records should be maintained throughout the school career of the child.
   i. Adequate mechanisms should be set up for transferring all health records from grade level to grade level and from school to school.
   j. A definite policy should be developed for final disposition of health records. A statute of limitations should be established.
   k. The school administration should arrange adequate storage space for health education records.
   l. There should be continuity and integration of forms from the elementary and junior high schools.

3. *All physically handicapped pupils should be assigned to individual health training classes.*

4. *Standards should be developed for judging and recording progress toward educational objectives, and toward improvement of the teaching situation.*

5. *In all schools, the health service teacher should review all medical reports at least once a term and note all pertinent findings on the face of the health envelope.*

6. *In all schools having Department of Health Medical Service records of all newly admitted pupils should be reviewed by the school nurse and the health service teacher. Theirs will be the responsibility for follow-up of medical problems of all pupils recommended for individual health training, or other school adjustment.*

7. *Records of all other pupils having Department of Health Medical Service should be reviewed jointly once each term by the school nurse and the health service teacher to exchange information and allocate follow-up.*

8. *All pupils entering high school should be required to have a physical examination during their last year in elementary or junior high school, so that the record will be available to the high school on admission.*

9. *Each pupil should have an annual health examination of good quality by his private physician. When the pupil has no private physician, the examination should be made in the school by the Medical service of the Department of Health.*

10. *Semi-annual visits to the dentist for examination and necessary care should be encouraged. A dental report should be filed once each year.*

11. *A chest X-ray for tuberculosis should be provided for each high school pupil every two years during his high school career.*

12. *The health service teacher should be responsible for*
    a. The following annual procedures and their entry on the health records:
        (1) Vision test
        (2) Audiometer test.
    b. The following semi-annual detailed physical examinations including:
        Inspection of hair, skin, nails, detection of postural defects, structural and infectious conditions of the feet; measurement of height and weight and nutritional rating.
    c. The follow-up of all cases revealed by the semi-annual medical, dental, and physical examinations. (Time should be allowed in the teacher's schedule for the performance of these functions.)

13. *The facilities of the Bureau of Child Guidance should be expanded to permit adequate psychiatric and psychological services to high school pupils.*

14. *Pupils with potential or actual medical problems should be referred to the school nurse by the health service teacher.*

15. *Emergency Cards giving vital information for each pupil in case of illness or accident at school should be filed with the pupil's cumulative health records, and should be brought up-to-date each term.*

16. *All school personnel (health service teacher, nurse, dean, official teacher, etc.) connected with a health or behavior problem case*

should meet to discuss the case and to determine responsibility for referral and follow-up.

17. *Remediable defects should be corrected before a pupil is graduated.*

18. *Conferences with parents about health problems should be arranged by the health service teacher, the dean, or the school nurse.*

19. *Special classes should be established for children with severe visual and health difficulties.*

20. *A teacher of health education should be assigned to health guidance during every period of the day. This health counselling should be considered as a teaching period.*

21. *Systematic plans should be provided for the discovery of individual needs and for differentiating individual programs to meet the needs of each child.*

22. *Responsibility for the health guidance program shall rest with the principal of the school.*

23. *Health guidance should be considered as a complement of the physical activity program and should be carried on continuously during the health education periods.*

24. *Guidance should be provided in types and amount of activities for school life and for extra-school life which will promote the maximum mental, spiritual, social, and physical growth of pupils.*

25. *Each health service teacher should be responsible for interviewing every pupil in his guidance group at the beginning of each term and for ascertaining whether or not he has had any illness since his last medical appraisal. Other conferences should be scheduled as needed.*

26. *The emergency room should be covered every period by a teacher of health education.*

27. *A Department of Health nurse should be assigned full time to each senior high school.*

28. *The policy of providing pupils with opportunities for the full exercise of leadership and responsibility under guidance should be established.*

29. *The health service teacher should confer with all teachers of every pupil who has a health problem which requires special supervision (such as epilepsy or diabetes.)*

The health problems should be noted on the pupil's Emergency Card. Double sets of books and elevator passes should be used, if possible, by all such pupils.

30. *All physically handicapped pupils, including post-operatives, and those below par should receive health guidance from their individual health training teacher.*

31. *Services of the Department of Health for physically handicapped children, i.e., medical examination and follow-up comparable to those given in the elementary schools should be available to all high school pupils.*

32. *All pupils in regular physical activity classes should receive health guidance by the health guidance counsellor assigned to the group.*

Physical Activities

The aims and objectives of a physical education program are aptly stated in the Physical Education Syllabus of the State Department of Education:[1]

> "The objectives of physical education must be compatible with those of education in general, and thus must conform to acceptable criteria of educational and social philosophy."
>
> "Physical education is education by means of, or through, activities that are predominately physical, and its aims are identical with those of other educational programs."
>
> "Although the contributions which physical activity makes to optimum physical health and its resultant benefits are recognized, other outstanding values need careful appraising. Under efficient leadership, physical education should and does point the way toward a richer spiritual and social development of the individual and the State."
>
> "Physical activity in the form of play, to the youth and adult, offers an opportunity for the expression and development of personal powers of inspiration and right action under stress of emotion."

The specific educational objectives may be illustrated by the following chart which is reproduced from the New York State Syllabus.

[1] University of the State of New York—Physical Education Syllabus, Book IV, 1935.

Health Development	*Social Efficiency*	*Culture*
1. Organic development	1. Courage	1. Information
2. Vitality	2. Initiative	2. Sympathy
3. Posture	3. Self-Control	3. Understanding appreciation of
4. Neuromuscular skills	4. Perseverance	(a) Physical Laws
5. Others	5. Honesty	(b) Human-nature
	6. Justice	(c) Rhythm & Music
	7. Courtesy	(d) Others
	8. Cooperation	
	9. Sympathy	
	10. Loyalty	
	11. Others	

Safety, too, demands that adaptation of physical activities be constantly observed. The uninitiated and inexperienced, with limited power and skill, should progress from the simpler sports to those of greater complexity. Caution should be observed in teaching hazardous skills such as diving in tumbling or tackling in football. Boxing gloves should be 16 ounce and soft. In some events, distances should be reduced. The amount of activity should often be decreased. Games like soccer and football should be modifified.

RECOMMENDATIONS

1. *A broad program of developmental activities for all pupils should include conditioning exercises, tactics, apparatus work, stunts, tumbling, dancing, swimming, and a wide range and variety of games and sports.*

2. *Greater uniformity in the physical education program of the vocational high schools is desirable.*

The first step in this direction is to have a definite time allotment for physical activities, standardized courses of study, and minimum requirements toward graduation. Adaptations and modifications should be made at the discretion of the principal and other administrators, to meet the individual needs of pupils or the particular conditions in a school or community.

3. *Pupils should be classified according to their needs, interests, and capacities.*

4. *Competing individuals or teams should be classified according to their physical ability.*

5. *Pupils should take a shower after each period of physical activity; this procedure necessitates double periods.*

6. *Competence in swimming should be required for graduation. The schools should make sure that every child can swim, both for his own safety and as a recreational activity.*

7. *Leaders' clubs should be established to provide opportunity for exceptional pupils to develop leadership.*

8. *The physical activity program should not be curtailed because of unjustified overemphasis on prevention of accidents.*

9. *Physical education should include sufficient body building exercises to develop muscular strength and endurance.*

It should involve also participation in games, sports, and dancing which develop activity skills and agility. The intra-mural program should provide opportunities for participation in athletics for all boys and girls.

10. *A broad program of inter-school and intra-mural athletics for boys and girls should be an intrinsic part of the health education program in the vocational high school.*

The importance of extended curricular athletics in a high school needs no elaboration here. Suffice it to say that such a program should be encouraged in all the vocational high schools. Varsity teams as well as intra-mural competitions serve among other worthy purposes to build up good morale.

The vocational high schools have lagged far behind the academic high schools in this phase of physical activity. A number of reasons may account for this; among them are:

a. The longer school day.
b. Lack of facilities in the school building or in the neighborhood
c. Pupil employment after school hours
d. Absence of tradition in a newer division
e. Longer school day for teachers.

In spite of these difficulties the vocational schools are attempting to carry out a program of extra-curricular activities, both varsity and intra-mural.

11. *The directed physical activity (instructional) program and the intra-mural program should motivate each other.*

12. *Situations and standards of performance should be such that with reasonable effort pupils may frequently experience success.*

13. *Pupils should be exposed to as broad a program as possible during the first two years. In the third year, pupils should have an opportunity for specialization. In the fourth year, pupils should be guided to enable them to elect their own activity program.*

14. *Units of instruction in sports should include techniques, lead-up games, patterns of strategy, rules of play, training of officials and the official game.*

15. *A battery of standardized tests should be developed which will measure, not only skill in performance, agility, coordination, strength, and endurance, but also indicate specific weakness.*

16. *As a culmination of the units in activities pupils should be ready to enjoy intra-mural activities and participate in athletic meets, field days, play days, swimming carnivals, pageants, and school dances.*

17. *The sports program should be planned on a seasonal basis.*

18. *There should be maximum use of facilities in curricular and extended curricular activities.*

19. *Intramural athletic activities and sports for girls should be conducted by women under girls' rules.*

20. *Athletic activities for boys both intra-mural and inter-school should be conducted by men under boys' rules.*

21. *Awards for merited recognition in sports should be simple and suitable in character for either individuals or teams.*

22. *The High School Games Committee should be progressive in sanctioning the introduction of new sports and should continually re-evaluate the guiding principles upon which matters of policy are decided.*

23. *The following program of physical activities is recommended:*

    a. FUNDAMENTAL ACTIVITIES

    Balancing-tumbling
    Batting-striking
    Catching-throwing-passing
    Climbing-crawling
    Combative-struggling
    Dodging-evading
    Falling-rolling
    Jumping-vaulting
    Kicking
    Lifting-carrying
    Walking-running-skipping.

    b. EMERGENCY SKILLS

    Behavior patterns should be established which will constitute preparation for meeting every day tasks and emergencies, with alertness, fortitude, and emotional control.

c. DANCING

Folk, tap, social and square dancing.

d. THE GAME PROGRAM SHOULD INCLUDE:

Games of low organization: relays, lead-up games, such: bat-ball newcomb. Games of high organization: volley ball, captain ball, basketball, softball.

e. ACTIVITIES FOR INTRA-MURAL WORK FOR BOTH GIRLS AND BOYS AND FOR INTER-SCHOLASTIC ACTIVITIES FOR BOYS ONLY:

Archery
Badminton
Basketball
Baseball
Bowling
Boxing (boys only)
Deck Tennis
Fencing
Football (boys only)
Golf
Handball
Hockey
Lacrosse (boys only)
Outing activities as bicycling, camping, hiking, scouting, skiing
Paddle Tennis
Quoits
Rifle Practice
Shuffle Board
Skating—roller and ice
Soccer
Softball
Speed Ball
Squash
Swimming
Tennis
Track and field
Wrestling (boys only)
Horseback riding

24. *Individual health training should be a vital part of the health education program in every school. Adequate facilities, personnel, and supervision should be provided for this purpose.*

Physically Handicapped

25. *The individual health training program for each physically handicapped pupil should be planned with the advice of the pupil's physician, who should have descriptions of the activities possible in these classes.*

26. *There should be continuous observation and supervision of the health of all pupils with special health problems.*

27. *The program in the health training room should be as close to the normal program as possible.*

28. *While it is understood that the pupil with special health problems needs individual attention, over protection should be avoided. These pupils should be encouraged to participate in general school activities.*

29. *Regular school lunches and extra nourishment should be provided, without charge if necessary, for all pupils who are below par.*

30. *A peace-time "Ranger Program" should be included in the course of Health Education.*

31. *Classes should be graded at least by years, preferably by terms.*

32. *The type of medical service provided by the Department of Health to physically handicapped pupils in the Elementary Schools should be extended to such pupils in all high schools.*

33. *Each of these pupils should receive health guidance from his individual health training teacher.*

34. *Schools should make provision for individual health training of physically handicapped children in accordance with their individual handicaps.*

PERSONNEL

1. *The basis for the assignment of personnel in the field of health and physical education shall be the required use of the space facilities that are provided for the subject area. The facilities that are to be considered as basis for the assignment of teachers shall be:*
   a. Gymnasium
   b. Indoor playground
   c. Athletic Field with various court facilities for intra-mural and inter-scholastic athletics
   d. Swimming pool
   e. Showers
   f. Individual health training room
   g. Health Instruction Classroom
   h. Health guidance room
   i. First aid room (emergency)
   j. Records office.

2. *The time and services of teachers should be so allocated that pupils whose needs are greatest will receive first attention.*

3. *The following formula may be used to determine the number of teachers required for a health education department in a high school*[1]

   $$(a \times b) + c + d + e \div 30 = \text{number of teachers.}$$

   In the formula,

   a = number of curricular activities in operation concurrently.

[1] Supplied to the Committee by Mr. Charles J. Kraft, Jr., Assistant Director of Health Education.

b = number of periods per week.
c = extra teaching periods allowed for work on the gym floors.
d = allowance for extended curricular activities.
e = allowance for supervision of the chairman.

Let us, for example, work out this formula for a school that has 4 curricular activities, in which 45 periods are allowed for extra teaching work on the gym floor, 30 periods are allowed for extended curricular activities and 9 periods for the supervision of the chairman. The formula then would develop as follows:

$$(a \times b) + c + d + e \div 30 = \text{number of teachers}$$

$$(4 \times 45) + 45 + 30 + 9 \div 30 =$$

$$264 \div 30 = 8.8 \text{ or } 9 \text{ teachers—the number needed for such a school}$$

4. *Teachers shall be assigned to the various facilities on the basis of the number of pupils that have been programmed to those facilities —in accordance with the following ratios per period*:
   a. (1) To the Gymnasium and Field assignments: 1 teacher up to 40 pupils; a weekly total of pupils not exceeding 900
      (2) A pianist should be provided for every girls' Health Education Department.
   b. Swimming Pool and Showers: A licensed teacher of Health Education with a certificate of competency in swimming and a licensed teacher of showers should be on duty for each class of 40 assigned to the swimming pool or 30 in the Life Saving Class.
   c. Showers: In those schools where there are only showers, instructors in showers should be assigned.
   d. Individual Health Training Rooms: One teacher for every 25 pupils.
   e. Health Instruction Classroom: One teacher for 35 pupils.
   f. Health Guidance Room: One teacher for 70 pupils.
   g. First Aid Room: (Emergency) Recommendation is made for coverage by a teacher of Health Education as the experience of the school requires.
   h. Record Office: One teacher for every 70 pupils.
   i. Since the intra-mural program (for boys and girls) are the inter-school athletic activities program (for boys) are integral parts of the programs in health and physical education, teachers of health education may be assigned to these activities *as part of their regular school day* but not in addition to a full teaching program.

(1) It is recommended that the equivalent of 40 periods per week be assigned to each department of health education for a maximum program in inter-mural and inter-school athletic activities program. This provision for coaching shall operate only when such activities are programmed, entirely or in part, and the chairman of the department shall so indicate to the principal of the school.

(2) This provision shall aapply to girls' activities as well as to boys' activities.

(3) Coaching allowances shall be made on the basis of 10 periods for major and five periods for minor activities.

(4) Assignment to coaching or athletic club activities shall constitute teaching assignments.

(5) Coaches who complete a season before the end of the term shall be assigned to intra-mural activities or other departmental teaching assignments for the remainder of the term.

(6) It is recommended that a minimum allowance of 10 periods per week be granted for the department of health education for the organization, administration and supervision of a program of intra-mural and inter-school athletics.

(7) Coaching of teams should be an integral part of the teaching assignment, for which a time allowance should be made. When this is not possible, e.g. Saturdays and holidays financial remuneration should be given.

5. *A clerk should be assigned to the Health Education Department to relieve health education teachers for other duties.*

6. *Teachers of health education should be assigned to a maximum of* 25 *teaching periods weekly and five periods of building assignments which may be devoted to health records, inspection of equipment, preparation of floor areas, notation of various findings on the various cards, or to duty in the Emergency Room.*

7. *Teachers of health education shall not be assigned to other duties in the school organization unless a regular teacher of health education is assigned in his or her place for the subject area to cover the aforementioned ratios.*

8. *Auxiliary Service*
   a. Medical, dental and nursing service should be assigned to every high school in accordance with the recommendation heretofore made in this report.
   b. Adequate child guidance service should be provided for each high school.

c. Special teachers of sight conservation and for the acoustically handicapped should be provided for classes established in selected districts.

d. A custodial assistant to take care of outdoor areas, track, fields, concrete areas, etc., should be assigned.

9. *Allowances in teaching personnel should be made for remedial physical instruction, so that such health education may administer appreciable individual corrective programs in the vocational high schools.*

10. *A Health Council should be established in each school as an advisory and coordinating body. It should be as representative as possible.*

The principal should be chairman of this council. The committee should include the district health officer, health education chairman, school doctor, nurse, dietician, deans, counselors, representatives of all subject areas, custodian, a representative from the student body, from the parent's association, and from community health agencies.

11. *A health education teacher, specially trained, should be designated as the health counselor; provision should be made in the school organization for such position, either on full time or part time assignment.*

12. *Health instruction should be given by licensed health education teachers and supervised by the Chairman of the Health Education Department.*

TIME ALLOTMENT

Authorities in the field seem agreed that an adequate program of physical education for high school pupils should allow at least five periods of forty-five minutes each per week in every term of the school course. The Committee is of the opinion that two double periods per week should be devoted to directed physical activities and one period to health instruction (hygiene, first aid, safety and accident prevention.) The advantages of double periods are obvious if time is taken out for dressing and undressing, showers, health counseling and checking attendance. Single periods have only the advantage of greater ease in programming. Very little time is left for actual floor work.

The lack of uniformity in the physical education programs in the vocational schools is illustrated by the table below which gives the time allotted to these activities in the tweny-four schools surveyed.

In one school, sixty-six per cent of the student body takes health education for one period per week, fourteen per cent takes it for two periods, ten per cent for three periods, and ten per cent for five periods.

In another school all the pupils take health education for two periods per week every term, while in still another all the pupils take it for one period per week.

In the one school in which pupils take Health Education alternate terms, 50% of the pupils are programmed for the subject five times a week. In five of the schools giving Health Education every term, the patterns vary as follows: 75% take it five times a week; 97% take it five times a week; 3% take it once a week; 50% take it two times a week; 75% take it twice a week; 25% take it five times a week; 50% take it twice a week; 20% take it once a week; 30% take it four times a week.

In connection with the time allotment, it may be advisable to mention the existing requirements toward graduation. In twelve schools, eight terms of health education are required. In one school, seven terms are required; in one school, six terms; in one school, five terms; in two schools, four terms; and, in two schools, three terms. In five schools, there are no definite requirements in health education for graduation. The number of periods per term, as has been mentioned, varies. In fifteen schools, satisfactory attendance in health education classes is deemed sufficient.

Many of the reports of sub-committees indicate the need for a great increase in time. Many of them do not say how much time is needed and a conservative estimate of the amount of time necessary to do the work and perform the services indicated within the report more than doubles the available time at present. There are, however, many references to the time allotment and these are litsed hereafter, grouped according to the various divisions in the health education program.

The following chart summarizes the time allotment for health education in 24 schools:

TABLE

Time Allotment

Periods Weekly	*Every Term (Number of Schools)*	*Alternate Terms (Number of Schools)*	*Total Number of Schools*
1	2		2
2	15		15
3	1		1
4	1		1
5	2	3	5
Total Number of Schools	21	3	24

RECOMMENDATIONS

1. *Minimum requirements in Health Education should be set for graduation from vocational high school.*

2. *For effective health service there should be at least one teacher assigned to health guidance for each physical activity period.*

3. *In order to provide needed service, departmental time should be allowed for conferences with school and community personnel.*

4. *Health Education should be programmed for each term the pupil is in school.*

The following table reveals conditions as to requirements in Health Education at the time of the report:

TABLE

REQUIREMENTS IN HEALTH EDUCATION

Terms Required	*Number of Schools*
8	12
7	1
6	1
5	1
4	2
3	2
Health Education not required	5

NOTE: The number of periods of Health Education per week varies from one to five.

5. *There should be uniformity in time arrangements for health instruction in all the New York City high schools.*

6. *A minimum of one period of health instruction weekly should be assigned during each of the eight terms.*

Health Instruction in the vocational high schools shows lack of uniformity among the schools. The variations are shown in the time allotted to the subject, programming, courses of study, physical facilities, and student requirements.

7. *A separate mark should be given for health instruction.*

8. *The program of teaching assignments for teachers of health education as well as the chairman of the department should be figured on the same basis as in all academic subjects.*

9. *Efforts should be made to effect the revision of federal and state regulations to sanction legally the foregoing recommendations.*

PLAY SPACE AND BUILDING FACILITIES

The importance of adequate physical facilities for a health education program seems obvious. The lack of such facilities has hampered considerably the health education program in the vocational high schools. Many of the schools are still housed in old buildings in which physical facilities are lacking or are inadequate. In some cases makeshift arrangements have been made to provide gymnasium facilities by alterations to classrooms or basements.

Of the twenty-four vocational high schools surveyed the following schools have no gymnasium:

a. Manhattan H.S. of Aviation Trades
School of Industrial Art
Queens Vocational H.S.
Jamaica Vocational H.S.[1]
Food Trades Vocational H.S.[2]
Murray Hill Vocational H.S.[2]

b. Eight schools report having no outdoor space.

c. Not a single vocational high school can boast of having a swimming pool.

d. Six schools do not have any shower facilities.

e. Eleven schools do not have locker facilities.

f. Nine schools report that the facilities of their medical rooms are not adequate.

g. Thirteen schools report that they do not have a separate emergency room; eight of these use the medical room for this purpose.

h. Ten schools do not provide an office for the chairman of the health education department.

i. Nine schools do not provide a separate office for teachers of the health education department.

j. Eight schools report possessing facilities for individual health training.

k. Twelve schools do not have a permanently assigned room for health instruction.

The over-all picture of the physical education facilities in the vocational high schools shows that of twenty-four schools surveyed only nine have the minimum physical requirements for a basic program. By this is meant a gymnasium plant and its auxiliary facilities. Only one school is equipped with an adequate outdoor set-up. Some schools have either out-moded gymnasiums or basement space and lack the necessities in equipment. In the face of all these obstacles attempts are being made to

[1] No gymnasium in the main building.
[2] Uses Park Department gymnasium one half mile distant from the school.

conduct a program that will achieve to some extent the aims and objectves of physical education. Many of the schools are making excellent use of whatever facilities they have.

1. *For the proper implementation of the program in health education the following space and building facilities are essential*:

NOTE: the following should be part of *each* department unit (boys and girls).

a. THE INDOOR GYMNASIUM FOR BOYS
   (1) Size: 75 feet by 150 feet
   (2) Location: In a wing of the building readily accessible to street and athletic field
   (3) Necessary equipment: 4 adjustable high bars; 4 adjustable parallel bars; 4 adjustable horses; rubber broad jump mats; tumbling mats (24—10′ x 4′, 16—7′ x 3′); parallel bar mats (shaped over base); 1 large wrestling mat; 2 sets of spectators' stands recessed on long sides of gym (each seating 300 spectators); jumping ropes; 1 mat truck, 16 climbing ropes; 6 volley ball standards; 1 teacher's platform (with surrounding rail on two sides and closet beneath); 2 high jump standards; high jump cross bars; deck tennis rings and nets; shuffleboard sets; table tennis nets, balls and paddles; eye glass guards; cocoa mats for golf cage; basketball backstops and goals; boxing gloves; golf cage (used also for target throws); mat hooks, wall cleats; floor plates; ropes; twine; worsteds; volleyballs; basketballs; medicine balls; cageballs (36″ x 24″); punching bags and drums; bulletin boards; steel game cabinets; volleyball nets; target for throw; rule books; officials' whistles and horns.
   (4) Miscellaneous: an indoor track should be provided.

b. AUXILIARY GYMNASIUM FOR BOYS
   (1) Size: 50 feet by 100 feet
   (2) Location: adjacent to main gymnasium
   (3) Purpose: to train leaders and care for limited activities groups.

c. INDOOR GYMNASIUM FOR GIRLS
   (1) Size: space 75 feet by 150 feet; location as in a2
   (2) Necessary equipment: ropes; horizontal bars; ladders (horizontal and oblique); vaulting boxes; rings; stall bars; benches; mats; horse; buck; parallel bars; balance beam; plinth; piano; electric victrola; amplifiers, and records.

(3) Miscellaneous:
   (a) Floor free from splinters, nails and loose boards
   (b) Auxiliary gym for girls, 50 feet by 100 feet
   (c) Lavatory and dressing room facilities should be provided nearby
   (d) Floors marked for games
   (e) Reference books on the dance and sheet music for the dance
   (f) A library of activity films.

d. The Individual Health Training Room
   (1) Size: 1½ classroom units
   (2) Location: on sunny side of building, preferably on floor with locker rooms and showers
   (3) Necessary equipment: stall bars; balance beam, chinning bar, three section mirrors with lock, 24 sponge-rubber mats, steamer chairs, locker for supplies, filing cabinet, table tennis set, wool balls, teacher's desk and chairs, health library
   (4) Lights and window protection.

e. The Health Guidance Room
   Adequate filing-space and cabinets.

f. One or More Health Instruction Rooms
   (1) Library
   (2) Visual aid equipment
   (3) Display cabinets
   (4) Storage cabinets

g. The First Aid (Emergency) Room with Facilities for Isolation
   Inside and outside telephones.

h. Health Education Chairman's Office
   Inside and outside telephones.

i. Health Education Teachers' Workroom

j. Health Education Teachers' Dressing Room

k. Shower Facilities

l. Medical Quarters of Standard Design Adjacent to Health Guidance Room for convenient use of files

m. Athletic Field
   (1) Size: area the size of a full baseball diamond
   (2) Location: easily accessible to locker and shower rooms
   (3) Necessary equipment: baseball bases; 2 high jump standards with cross bars; 2 pole vault standards; vaulting poles; pole vault trough; roller for track and tennis courts; motor-

driven lawn mower; line marker; tennis rackets; 16 adjustable hurdles; basketball backstops and goals; standards for badminton and volleyball; broad jumping boards; shot put rings and boards; shots (8 and 12 lbs.); outdoor teaching platform; material for obstacle course; team benches; speedballs; baseballs; softballs; footballs; soccer balls; volleyballs; handballs; tennis balls; tennis nets; soccer and football goal posts; stop watches and timers.

(4) Miscellaneous: the athletic field should be planned for extra-curricular as well as the daily program. It should include a baseball diamond upon which other games may be played; football field and concrete stands for spectators protected from playing space by cyclone fencing; soccer field; tennis courts; at least two of which should be clay; paddle tennis courts; hockey field; skating area suitable for flooding for the winter; volley ball courts; badminton courts; basketball courts; handball walls; shuffleboard area; running track; jumping and vaulting pits; shot put area; and a grass surface provided and maintained.

Outdoor Play Field

(1) Location: easily accessible to locker and shower rooms

(2) Necessary equipment: standards for games; basketball backstops and goals; net for tennis and badminton

(3) Miscellaneous: concrete areas should not be white. All courts should be correctly marked.

n. Swimming Pool

(1) Location: easily accessible from street and from gymnasium, from shower room, suit and towel room, from sterilizing room and office of teacher of swimming.

(2) A gallery for spectators easily accessible from school building and stairs, should be provided.

(3) Recommended equipment: diving board; kicking boards; bulletin boards; two life rings; bamboo poles; telephone; electric clock.

o. Dressing Rooms and Shower Rooms

(1) Location: readily accessible to gymnasiums, swimming pool and sterilizing room

(2) Size: sufficient shower facilities to permit 30 to 40 students to take showers at one time

(3) Necessary equipment: toilet facilities; good drainage; liquid soap containers; hair dryers; stationary wall mirrors above shelves; sufficient number of full-length steel lockers of sturdy construction to provide one for each pupil; immovable dressing benches.

(4) Miscellaneous
   a. Simple shower handle adjustments with central temperature control
   b. Soap and paper towels for all lavatories (Maze showers for girls)
   c. Gang showers with a few individual showers.

p. The Rifle Range
One in all new high schools.

RECOMMENDATIONS

1. *Facilities of plant structure and equipment should conform to requirements of an adequate health education program.*

Note: A survey of the program of directed physical activities in the vocational high schools shows a lack of uniformity in the organization and administration of the program. The situation is due largely to lack of suitable facilities as well as to differences in the time allotted to physical education. This may be explained partly by the restrictions of the Smith-Hughes Law. Other reasons are the heavy pupil loads of health education teachers and the need for more centralized direction and supervision. To a great extent every school determines its own program. In very few schools can the program be considered as measuring up to the aims and objectives of an ideal program.

2. *Every new school should have a pool, athletic field, and lockers for every pupil, also corrective gymnasium, health service office, and emergency clinic, and medical quarters of standard design.*

3. *The possibilities of providing the necessary auxiliary facilities in existing schools should be explored, in order to provide shower rooms, locker space, individual corrective rooms, emergency rooms, medical offices, health counseling rooms, health examination rooms, and renovated gymnasiums.*

4. *Filing equipment is badly needed in all high school health education departments and should be provided.*

5. *Surveys should be made and the necessary funds should be provided to acquire land near existing schools for outdoor playfields. Play space and facilities should be shared with other community organizations.*

6. *There should be a wing with an adjoining play field in newly constructed buildings containing the gymnasiums, pool, club organization rooms, auditorium, rest rooms for boys and girls, that could be shut off by a gate from the rest of the plant for after school use by the community.*

7. *A member of the Division of Community and Recreational Activities should serve in an advisory capacity to the construction division to help insure the inclusion of all the facilities necessary for a community recreation program. In connection with the play field, the division might consider the use of flood lights and sound amplifiers to help extend its out-of-doors program into the after-dark hours.*

School gymnasiums, auditoriums, and play yards should be available to the community in the late afternoon and evening periods not only on week-days but over week-ends and on holidays as well. Entrances to all community facilities should be planned so that the public may go directly from the street.

8. *Space should be made available in high schools for social clubs and recreation rooms.*

9. *Wherever possible, swimming pools should be constructed in schools that now lack these facilities.*

The drowning losses in World War II, due to inability to stay afloat, even for a short time, indicate the importance of learning to swim.

There should be ample deck space around the pool to allow for passing and for formal classwork with 30-40 pupils.

There should be adequate shallow-water area.

There should be non-skid tile wherever there is danger of slipping.

10. *All new schools should be provided with swimming pools.*

11. *Adequate facilities should be provided for the presentation of an intra-mural program for all and an inter-scholastic program for boys outstanding in physical activities promoting the idea of play and recreation as aspects of fuller living.*

12. *Use of the gymnasium, play fields, tracks, play streets, neighborhood gymnasiums and handball courts, for the conduct of intramural activities should be encouraged. Sanitary and safety conditions must be satisfactory.*

13. *When school facilities are lacking, community facilities should be used after inspection by the Health Education Department with the approval of the Board of Education.*

14. *Supplementary material for the athletic program is essential, such as films, books, official guides, rule books, etc.*

15. *More playing fields are needed for inter-school athletics. Armories should be made available to high schools for indoor athletics.*

16. *Schools should no more be obliged to finance athletic programs which call for the purchase of uniforms, basketballs, baseball bats,*

and other atlhetic equipment than they are at present expected to buy textbooks or supplies for classroom use. All of these materials should be provided by the Board of Education.

17. *A conservative estimate of the cost of athletic supplies is* $2,000. *for each school each year, with the exception of those schools which start new sports and require a complete line of new equipment.*

18. *Storage space must be provided in each unit where instruction goes on, indoors and out-of-doors. It should not be necessary to carry large quantities of equipment from gymnasium to gymnasium and from indoor to out-of-door spaces.*

19. *Equipment should be regularly inspected by authorized Board of Education officials and necessary repairs should be immediately made. Funds for such purposes should be provided by the Board of Education. Special appropriations should be made in order to improve the physical education equipment in those schools in which adequate equipment is lacking.*

20. *Electric phonographs and amplifiers should be installed in all gymnasiums.*

21. *Curtains for showing films should be installed in the gymnasium.*

22. *Proper acoustics should be arranged.*
No tile to ceiling should be permitted since it disturbs sound amplification.

23. *Isolation facilities should be provided in all schools.*

24. *Safety precautions must always be observed and first aid material must be available at all times. First aid cabinets should be installed in all gymnasiums and central offices.*

25. *Steps should be taken to survey those schools that find it impossible to incorporate these recommendations, and improvements planned immediately thereafter.*

26. *All personnel concerned with the use of facilities should be consulted in planning new schools to see whether or not provision is being made for the facilities deemed advisable and essential.*

27. *Present buildings should be surveyed to consider carefully what building changes should be undertaken in the next few years to implement the essential health education program, and steps taken to remedy the conditions.*

COOPERATION WITH COMMUNITY AGENCIES

For the Committee's suggestions on cooperation with community agencies, the reader is referred to the section dealing with this topic on the elementary school level, beginning on page 24. These suggestions can be applied to all school levels.

ACCIDENT PREVENTION AND SAFETY EDUCATION

Safety education in the schools of New York State has definitely been made a part of the educational curricula by an act of the legislature known as the Stokes Law of 1937. The five different fields of safety education as embodied in the Stokes Law include a well-balanced program, namely:

1. Highway Safety
2. Home Safety
3. Industrial and Occupational Safety
4. School Safety
5. Recreational Safety

Safety education cannot be considered the sole responsibility of any one department. It is inherent in all school activities and procedures. It affects every aspect of administration and supervision from the physical lay-out of the school plant to the formal teaching of the subject. Safety should be taught both formally and incidentally in every department. The frequency of accidents in the home, on the highways, and in industry indicates the need of making pupils safety conscious. Safeguarding pupils against the hazards of accident is an important objective in all aspects of the school.

Examples of formal safety instruction in the content of the subject matter in various departments may be mentioned briefly:

1. Social Sciences	Forest fire prevention; the work of the police and fire departments; traffic problems for safer communities.
2. General Science	Cause and prevention of fires; transportation on land, water and air; prevention of gas and electric accidents.
3. Biology, Physics, and Chemistry	Effect of alcohol and narcotics on the organs; safe driving in relation to the laws of motion; friction and centrifugal force; electrical apparatus; combustion and explosive mixtures; gas and oil accidents.

4. Health Instruction	Home, school, and recreational safety; first aid; development of knowledges, skills and atitudes.
5. Shop Activities	Industrial and occupational hazards; health habits.

Safety education in connection with shop activities has been a noteworthy achievement in the vocational high schools. Its effects are not only evident in the shop departments of a school but have served to instill "safety consciousness" on the part of teachers and pupils throughout the school. Here is an example of an integrated program which is in operation in all vocational high schools. This plan should serve as a model for safety education in all departments. It is known as the "Vocational High School Safety Committee and Safety Education Plan." Its objectives are:

1. To make the student safety minded and thereby help to safeguard him from possible injuries.
2. To inform the student of the occupational hazards of the trade or vocation which he proposes to enter.
3. To provide teachers with a definite plan and teaching material and make them responsible for carrying out the program.

In general, the plan provides for the following: a set of printed instructions and warnings to be given to each student at the beginning of his training period, covering the subject of occupational hazards and accident prevention; a statement signed by the student certifying that he has been taught and has had these insructions demonstrated to him; evidence that the student has shown his ability to handle tools and equipment in a safe manner; statements signed by the teacher that the sudent has been properly instructed; a system of filing these signed statements. A test on these safety instructions must be passed with 100% rating by the student.

At the end of each month every shop teacher is required to fill out a printed sheet on which he checks the safety condition in the shop and notes the hazards if any exist. These sheets are sent to the principal for his inspection.

Many schools have a safety committee consisting of a number of teachers designated by the principal. The chairman of this committee is known as the safety engineer. Periodic inspections are made by this committee of the entire school plant to discover possible safety hazards and to make recommendations to the principal for improving safety conditions.

The safety committees are concerned chiefly with the physical aspects of the school plant in relation to safety. These committees could

be more effective if their responsibilities were enlarged to include the study of safety teaching in all departments and the study of school procedures and administration. The committee should examine all accident reports and make recommendations to the principal with a view to eliminating possible hazards.

Physical Activity Program

"Safety Education in the physical activity program trains students to avoid and prevent accidents to themselves and to others. The development of the proper habits, attitudes, skills and knowledges is necessary for the students to adjust themselves in life situations. Education in safety is fundamental in the physical activity program." [1]

Instruction in health and safety should also be given in connection with situations as they arise in the school room, gymnasium and shop. The recognition of hazards should be stressed. Hazards may be classified under three separate headings, namely:

1. Facilities and equipment
2. Program
3. Supervision.

The following procedures should be observed to guard against and to eliminate hazards.

a. Facilities and Equipment
   1. Make careful inspection of play space including heating, lighting, ventilation, lockers, etc.
   2. Avoid the use of outdoor play yards when the grounds are slippery and wet.
   3. Arrange equipment so as to avoid collision of students.
   4. Inspect supplies and equipment before being used.
   5. All dangerous conditions and broken equipment that needs repair should be promptly reported.
   6. Be sure that First Aid material is available at all times.
   7. Mats should be used and properly placed around apparatus and stunt areas.

b. Program
   1. A physical examination is essential before vigorous participation in activities.

[1] Board of Education—Tentative Course of Study And Syllabus—Vocational High Schools, 1939, pp. 3, 4. The survey of health education in the vocational high schools indicates that all schools that have a physical activity program stress safety and accident prevention. This is done through instruction, both formal and indirect, supervision and inspection. The training of student squad leaders is reported by most high schools. Every effort is made to reduce hazards caused by inadequate facilities and overcrowding of gym classes.

2. Appropriate physical and mental warming up activities should precede strenuous physical exercises.
3. Instruction for student leadership groups should be provided. Through this, knowledge of techniques, fundamentals of organization, and of all activities will be made familiar to all students.
4. Fatigue cases should be recognized and receive individual attention.
5. Classes should not be programmed beyond the physical capacities of the available facilities.
6. Homogeneous grouping is extremely desirable.

c. Supervision

Careful supervision of all places of the activity program should be the constant concern of the teacher, the squad leader, and all others participating in the program.

Health Instruction Classes

The health instruction classes offer a most appropriate setting for formal instruction in safety and accident prevention. A standardized course of study should include the following:

1. Occupational safety
2. Recreational safety
3. Highway and traffic safety
5. First aid
6. Personal and community hygiene
7. Drug addiction and alcohol dangers

Various phases of safety teaching both direct and indirect can be integrated and formalized. The experiences of the students in shop and other activities furnish a good background for class instruction. Here the work in safety instruction throughout the school can be crystallized and integrated.

A suggested standardized course of study in health embodying the elements of safety instruction is respectfully submitted by this committee. The course of study is based on an allotment of time of one period per week for eight terms.

Schools that give health instruction, incorporate safety and first aid in the content of the course. However, the lack of uniformity in the time allotment for health instruction and the lack of a standardized course of study in the schools make a detailed evaluation of safety instruction in this subject difficult. It is the opinion of this committee that more effective instruction can be given by setting up the necessary requirements for this subject and incorporating a definite program of safety instruction in the course of study.

Administrative Procedures

All the schools surveyed utilize student patrols for increasing safety to pupils in the school building. These are usually augmented by teacher patrols in addition to the necessary supervision by faculty advisers and administrators.

Outside of the school building in addition to patrols by students and teachers, the schools have the cooperation of the Police Department.

Various visual aids, assembly programs, and faculty conferences are utilized to promote safety, and make teachers and pupils safety conscious.

Integration

The results of the survey indicate that there is no uniform plan existing in the vocational schools for integrating the work and instruction in safety education and accident prevention. Two schools report that this function belongs to their safety engineers. Some schools try to integrate the work through faculty conferences or departmental cooperation. In some schools the integration of safety education is the responsibility of the principal or his assistant. Several schools report that there is no specific integration of the program.

The importance of safety instruction and its place in every phase of school life would seem to call for some integrating agency in the school to coordinate the various phases of instruction, to make studies, to gather statistics, and to make recommendations. The logical organization for such a body would be a committee of teachers who are capable and interested in this work. This committee should represent the various departments of the school.

Summary

Safety instruction and accident prevention are stressed in all vocational high schools. A noteworthy achievement is the uniform program for safety in shop activities.

This plan should serve as a model for other departments. The extension of the program for health instruction would allow more time for formal instruction in safety.

A plan for integrating safety instruction and accident prevention should be adopted in all schools.

RECOMMENDATIONS

1. Safety education should be incorporated in the content of instruction in all subjects.
2. The Vocational High School Safety Plan now in use in shop activities should serve as a model procedure for the physical activities program.

3. A standardized course of study in health instruction should incorporate safety and accident prevention.
4. Safety and accident prevention should be stressed in the physical activities program, to include inspection, instruction and supervision.
5. Student leaders should be trained as an aid to accident prevention.
6. Student and teacher patrols should be established in all schools.
7. The use of visual aids, assembly programs, faculty conferences, student clubs, and other administrative procedures should augment the program for safety education and accident prevention.
8. A committee of teachers known as the Safety Committee should be designated in each school. The function of this committee should be to coordinate and integrate the program of safety instruction and accident prevention.

V

The Extent and Quality of School Medical, Dental and Nursing Services

The Committee regrets that it has been unable to make an original field study of either the extent or the quality of medical, nursing, and dental service in the schools. It also wishes to emphasize that circumstances beyond control have made it impossible for it to function as a committee until about six months prior to this report.

The report is composed of:

1. Background material assembled from previous studies and surveys.
2. Analysis of medical, nursing and dental services in the schools, and qualifications for personnel as of the academic year 1945-46.
3. Discussion and recommendations on the extent and quality of service.

THE SCHOOL HEALTH SERVICE

In New York City's schools, the system of health supervision is designed to concentrate its services on those children most in need of care. Physicians, nurses, and dentists assigned by the New York City Health Department to the school system, educators and parents—all play important roles in this plan of health supervision, and their close cooperation is essential for its success.

The school doctor is responsible for examinations and recommendations regarding medical, health, and behavior problems. The nurse, in addition to assisting the school physician, is responsible for singling out those children who require a doctor's attention, for interpreting the doctor's findings to the teacher or parent, and for securing the needed follow-up of health problems. The teacher has both the responsibility and unexcelled opportunity for daily observation of the child's progress, while it is the parent's job to carry out the recommendations at home.

Every child at the time of admission to the school system is required to have a physical examination. It is recommended that whenever possible, this examination be performed by the family physician who knows the child's history and is therefore in the best position to evaluate his

condition. The doctor's findings are then reported to the school on a special form which helps the nurse and teacher to cooperate in following his recommendations.

Health Record Cards

After the initial examination, the school nurse and school physician are regularly available for additional examinations as needed. To facilitate selection, two record cards are used—one, the pupil's health card, which is kept by the teacher in the classroom and the other, the school medical record, which remains in the medical room.

The teacher is trained to see the child as a whole and each child as an individual. She attempts to detect and evaluate changes in health status or in behavior as they occur. Of course, early discovery of contagious disease is important, but detection of the more subtle variations in growth and development or of the obscure beginnings of chronic disease often has much greater significance for the child's future. For instance, pallor, undue fatigue, and frequent absence for minor illness may be the earliest signs of rheumatic fever. Without a record of these observations, the doctor's examination in these early stages might easily fail to discover this condition.

The pupil's health card is a continuous record of observations by the teacher, observations which are guided by a series of suggested common symptoms and by the provision for recording of certain measurements made twice each school year—height, weight, and testing of vision by the Snellen chart. There is space, too, for audiometer test scores. Symptom observations are a continuous responsibility throughout the year, but these routine measurements and entries on the health card are made in connection with the activities of School Health Day. This is a day set by the Superintendents of Schools about five weeks after the opening of each term and is used to focus classroom attention on health as well as being a landmark to complete all records.

While the teacher is not expected to examine teeth, a record is kept as to whether the child has received dental care during the term. Since 70 to 90 percent of school children have recurrent dental decay each year, it is very important that each child visit a dentist twice a year. The dentist can make a more complete examination than either physican, nurse or teacher.

Information on the pupil's health card is kept current, and notations or checks are made as soon as changes in health status or behavior are observed. This information is called to the attention of the nurse at the next teacher-nurse conference or at the nurse's next visit to school.

Notations by the physicians and nurse on the health card are made in terms which the teacher can understand, and are on such phases of the medical findings and progress as will be helpful to her in further

observation of the child in the classroom and in planning her classroom program in health education.

The school medical record contains the actual history and physical findings made by the nurse and doctor. It is not meant to be a duplicate of the pupil's health card, nor is the latter just a copy of the medical record. Each has its own function.

Teacher-Nurse Conference

Once each year, by appointment, a conference between teacher and nurse is held in the classroom. At this conference the records of each child are reviewed jointly, with mutual discussion of the information on the respective cards and of the teacher's observations. The teacher has the opportunity to point out to the nurse each child whom they are discussing. As the conference proceeds, the teacher notes on each health card the letters "T.N.C." followed by a statement of the child's status—"Satisfactory," "making progress," "to be screened by the school doctor," "to be followed by the school nurse," or "further observation by the teacher."

The teacher-nurse conference is a most important phase in the school's annual review of each child's health status. It is a method of selecting children for further observation by the school physician, and makes it possible to utilize the services of a small staff of doctors most effectively. Furthermore, the interchange of information between the teacher and nurse helps both to a better understanding of health problems.

Referrals by teacher to nurse are not limited to the time of the teacher-nurse conference. Whenever the teacher is concerned about the condition of any of her children, she confers with the nurse about the problem or sends the child to the medical room. For instance the daily inspection may disclose problems in which the teacher cannot make a decision unaided. Such cases may be referred to the nurse immediately if she is in the school. If she is not available, the principal is consulted. Unfortunately, the nursing staff is not now sufficiently large to provide full-time service in any but the very largest schools.

Examination by the School Physician

Children selected for examination by the school physician may receive a rapid "screening" examination, at which the physician decides whether or not a problem exists requiring a "specially referred" examination. The latter is more detailed, and is done by appointment and with a parent present when possible. In both instances, the physician has before him the school medical record and the pupil's health card. As a result of these examinations, the child may be referred to his family physician or to a hospital clinic for treatment or follow-up. Sometimes his future care involves only an adjustment of his classroom schedule.

The nurse enters on the pupil health card the pertinent results of the examination, the plan for follow-up, and the teacher's and parents' part in this program. From two to four times as many children with medical problems needing attention are found by selecting children for examination this way than by routine examination of all children in certain grades.

Referrals to the private physician are made with a statement of the problems and a request for opinion and recommendations. To the best of its ability, the school health service arranges for these recommendations to be carried out. It also follows through to be sure the child keeps any return appointment with the physician. Special programs are being conducted under the care of the children with visual and hearing defects, or other handicapping conditions, and for the care of teeth.

EXTENT OF THE SERVICES

Health Services for the Adolescent

One of the most important areas of health service concerns the adolescent. In 1940, a report on health service in the New York City public high schools was prepared by Dr. Harry Zamkin for the New York Academy of Medicine. While the situation has changed to a certain extent in the past few years, some of the statements in this unpublished report are worth citing:

* * *

"Although the health of the adolescent has in recent years again come to the fore as a serious problem calling for careful investigation and study, it is not until this country is confronted with a grave emergency and is obliged to muster its manpower that the health status of its youth is recognized and public opinion is aroused."

* * *

"After the first World War the Department of Health responsible for the health of the school population, established a health service in the high schools, previously afforded only the children in the elementary schools. It was not long after the hysteria of the war had subsided, however, that the dep sense of responsibility manifested by our city authorities rapidly waned and the necessary funds allotted in the annual budget for health service in the high schools were gradually slashed and finally discontinued."

* * *

"The 1935-36 National Health Survey of the U.S. Public Health Service disclosed a prevalence rate of chronic disease and gross impairments for this age level, of a little over 6 per cent; and Selwyn D. Collins

reported in his survey the same percentage disability rate for this age level in New York City."

* * *

"A study of the Medical Division of the College of the City of New York for the term ending January 1941" revealed two and one half defects per child among the 3,860 boys examined. A very striking feature however, of the defects listed in this report is not only the large variety of disturbances recorded, but more so, the relative frequency with which these young boys revealed such conditions as high blood pressure, varicoceles, hernias, thyroid enlargement, even wtih toxic symptoms, pilenidal cyst, undescended testes, albumin and also sugar in the urine, and impacted cerumen. To be sure, all of these conditions call for early medical and surgical intervention, yet rarely were these defects listed in the school medical examination. What is perhaps even more alarming is the fact that a large proportion of the defects disclosed during the medical examination were previously unknown to these boys.

At present in 75 percent of the academic high schools, no health service is provided by the Department of Health. In these schools the type of service obtained varies from school to school. Most require an annual signed report from a physician. For those students who cannot afford a private physician, many of the schools arrange for a local physician to come to the school and do the examination for a small fee. The thoroughness of the examination is open to question; an analysis made in 1945 of the time spent in performing the examination showed a range between 8 and 100 examinations per hour.

The Health Department did provide in 1945-46 service to all the vocational high schools. One academic high school, Seward Park, continued with a special program which was started in 1937 on an experimental basis and from which came the recommendations in 1938 that service be started in all high schools. During 1945-46, a new experimental program was started in five additional academic high schools, Bay Ridge, Girls, Long Island City, Haaren, and William Howard Taft. In 1946-47, this service was extended to seven additional academic high schools. There are still 41 high schools with no service.

In the vocational high schools and in the academic high schools in which the Health Department has service, a medical examination is conducted at the time of entrance to high school. This examination is usually performed at the very end of the elementary school career. A final medical examination is done before leaving high school, either as a routine graduation examination or an examination when the child leaves to obtain permanent working papers without graduation.

In addition to this, the program at present provides for a system of continuous observation by educational staff and nurse throughout the school career with provision for referral of any cases needing attention.

Elementary and Junior High Schools

In 1944-45, the Department of Health provided medical and nursing services to all of the elementary and junior high schools. In addition, the Department of Health provided service to most of the Catholic and Hebrew parochial schools in the elementary and junior high school classification. Since it is extremely difficult to separate the statistics for the public and parochial schools, they will be considered together. During 1944-45 for the 808,531 pupils served in the elementary and junior high school classification, a total of 22,063 three-hour "sessions" of medical time was provided, or a theoretical total of 66,189 hours. During this period there were also provided 414,015 nursing hours. During the calendar year 1944 there were provided 24,095 three-hour sessions by dentists and the full time services of 138 dental hygienists were allowed (108 on duty).

The services in the elementary and junior high schools follow the so-called Astoria plan. An examination is required of all new admissions and medical and nursing service is available for children referred by the teacher.

Children with Emotional and Mental Disorders

One of the most important of health problems concerns the recognition, prevention and treatment of emotional disorders in children. It is authentically reported that at least 5 per cent or more than 50,000 of the school child population in New York City, are in need of intensive study and treatment for emotional disorders and that an additional 30 percent, or more than 300,000, require some mental health guidance to aid them in their scholastic or social adjustment. Undoubtedly, a large percentage of those who reach mental institutions pass through the incipent stage of their disorders during their years at schools. There is little doubt that recognition and treatment of the early symptoms in many cases would prevent or arrest further development of mental disease.

The Bureau of Child Guidance, established a little over fifteen years ago in the New York City school system, has an exceptional opportunity to contribute to this important problem. Its development has been, unfortunately, rather slow and its facilities and personnel extremely limited. During the more than fifteen years of its existence, it is estimated that about 100,000 children were in need of its services. The Bureau has treated and studied during this period of time a total of 20,565 children.

Of this number, approximately 25 percent, or about 5,000, received intensive service. Thus 75 percent of those in need of service are not served through the Bureau of Child Guidance.

It might be assumed that there are adequate mental hygiene and

psychiatric treatment services available through private practitioners or institutions in the city to care for this huge residue of untreated cases. But psychiatric authorities acknowledge the fact that present facilities are inadequate to cope with this large backlog of emotional disorders in children.

QUALITATIVE ASPECTS

The quality of the staff now working in the schools may be judged under the specific categories:

Physicians

The civil service requirements for part-time school physician as established at the time of the most recent civil service examination were as follows:

> Graduation from an accredited medical school; at least one year's experience as an interne in a hospital of recognized standing and a license to practice medicine in New York State. Candidates will be given additional credit for added internship, hospital, clinic or public health experience, particularly of the type to fit them for the specialties described above.

Since the list was exhausted early in 1942, appointments have been made on a temporary basis, and the minimum qualifications have been a degree of doctor of medicine, at least one year of interneship and evidence of competence in the field of general medicine. At present there are very few physicians in the school service who are qualified by either the American Board of Pediatrics or the American Board of Internal Medicine. The present rate of pay for all part-time physicians is at the base rate of five dollars for three hours' work. During the war, bonuses were added so that, in November 1946, the compensation was at the rate of seven dollars per three-hour session for a regular school physician, and eight dollars for a three-hour session for a "supervising" school physician. The qualifications for supervising school physicians are not different from those for school physicians but all of the present incumbent supervisors had an intensive training course in connection with the Astoria study of health services.

While the central office of the School Health Service has made strong efforts to maintain standards of medical competence, frequently it was necessary to compromise because of the necessity for keeping the services covered.

Nurses

The present qualifications for a nurse working in the schools are those of a generalized public health nurse; that is, graduation from an

accredited school of nursing, registration in New York State, and theoretical preparation or experience in the field of public health nursing. The present starting salary for nurses is $1,500 per annum, rising by yearly increments to a maximum of $2,399. The budget for 1946-47 provided a temporary bonus of $360 for the starting salary.

Dentists

The present qualifications for dentists are graduation from a Class A college, and a license to practice dentistry in New York State. The rate of compensation is six dollars per three-hour session for a regular dentist and seven dollars for a three-hour session for a "supervising" dentist.

Dental Hygienists

Present qualifications for dental hygienists are graduation from a School of Dental Hygiene and a license to practice dental hygiene in New York State. The present starting salary for a dental hygienist is $1,260 per annum, rising through yearly increments to a maximum of $1,740.

PRESENT OBJECTIVES

Before making recommendations concerning the quantity of medical services which should be supplied in the schools, it is pertinent to quote the objective of school health service as it is understood at present.

A statement on "Suggested School Health Policies" has been published by the National Committee on School Health Policy which was formed in 1945 by the National Conference on Cooperation in Health Education. Since this committee included designated representatives of most of the national organizations interested in school health, its opinion may be considered authoritative. The organizations represented were the American Medical Association, the American School Health Association, the American Association of Teachers Colleges, the American Association of School Administrators, the American Association for Health, Physical Education and Recreation, the American Academy of Pediatrics, the American Public Health Association, the Educational Policies Commission, the National Education Association, the Secondary School Principals Association, the U.S. Public Health Service, the U.S. Office of Education, the U.S. Children's Bureau, the National Organization for Public Health Nursing, and the American Dental Association.

In the section on "Services for Health Protection and Improvement" the following statement is made:

> "Activities for health protection of students properly include those relating to the care of emergencies whether resulting from

sickness or injury, to the prevention and control of communicable diseases and to health counselling. The full value of health protection and improvement services is never realized unless the services are made part of students learning experiences which increase knowledge, develop attitudes and influence behavior."

Such objectives require the functioning of doctor, nurse, and teacher, and the interrelation of their activities.

This report does not go into the question of the quantity of medical and nursing service necessary, but the following remarks from the section on medical consultations and examinations are pertinent.

"During their school years, the students should have a minimum of four medical examinations, one at the time of entrance to school, one in the intermediate grades, one at the beginning of adolescence, and one before leaving school. Pupils who have serious defects or abnormalities, who have suffered from serious or repeated illnesses or who engage in vigorous athletic programs require more frequent examinations. The physician is the best judge of the need for repeated examinations and of the frequency with which they could be given. Additional examinations, even annual examinations, may be arranged if money, time and personnel permit. The quality of medical procedures and judgment should not be sacrificed to a desire for frequent and complete coverage of the entire school. Medical examinations should be sufficiently informative to guide school personnel in the public health counselling of the students and sufficiently personalized to form a desirable educational experience."

Medical Service

It has been repeatedly stated that school physical examinations, to be meaningful, must be thorough and must be a true educational experience. It is extremely unlikely that a program can be set up in the near future which will provide annual examinations in this manner. The alternative—to spread the available medical time to give rapid examinations annually—would be most unwise.

Two major arguments are usually advanced for the compulsory annual examination: first, that it protect the school personnel by putting on file a doctor's statement concerning fitness for physical acivities and second, that it inculcates the habit of annual physical examination throughout life.

It is uncertain as to how much protection the doctor's certificate actually provides in case of lawsuit. Certainly, in the elmenetary and junior high schools where no annual examination is required, there has

been no evidence of legal inconvenience. It cannot be doubted from the statements of practicing physicians, including a member of this subcommittee, and the observations of school medical personnel, that a great many "reports" of annual examinations are not worth the paper they are written on, since they do not represent actual current examinations.

Thus while a theoretical *legal* "protection" may exist, there is no actual protection for the child. It is obviously bad health education to let the child think that such a report constitutes a health examination.

As to the "habit" of annual examinations, no evidence exists that pupils who have been compelled to bring in annual reports voluntarily seek examinations after leaving school. It would seem far sounder to present to students the need for periodic medical review, properly carried out, and to implement this by a description and demonstration of what a good examination consists of, but not to make a report compulsory.

The problem of the amount of medical service needed for the program recommended cannot be discussed without going into the question of the amount of nursing time necessary, for it has been repeatedly demonstrated that medical examinations lose a large part of their effectiveness without public health nursing assistance and follow-up.

Nursing Service

The quantity of nursing service needed in a school is related to many factors. There will be in every school a basic minimum of activity related to the school registration. Such activities are the routine teacher-nurse conference, inspections for communicable disease, and emergencies requiring the nurse's attention. Above this basic minimum, there will be needed additional nursing time related to particular health problems of the pupils of the school. The size of this load will vary with the economic background from which the pupils come.

Thus schools of the same size in a residential section and in an underprivileged area will require a similar basic allotment of nursing time. In addition to this, however, when it comes to nursing time related to medical examinations and follow-up, the schools in the underprivileged area will require probably twice as much as the schools in the residential section. The latter allocations may in part be estimated from the number of medical examinations done by private physicians and by the number of cases referred through the selecting devices used in the school.

Minimum standards of the National Organization for Public Health Nursing call for a generalized public health nurse in the ratio of one to five thousand of population, for general duties. New York City at present has approximately half this number of public health nurses. In the school system, this provides an average of approximately half an hour of service

per child per year. It is strongly recommended that this proportion of time be at least doubled.

It is not too much to ask that nurses be assigned at the ratio of approximately one full time nurse for every one thousand pupils registered throughout the school system. Individual assignments vary with the needs in the school, but an overall allocation of this size would come much more nearly toward fulfilling the duties of the community in relation to nursing services in the school. It should be reemphasized that expansion in the nursing service to the schools should take pre-eminence over expansion of medical service.

The need for adequate nursing service for follow-up cannot be emphasized too strongly. The rule is that the School Health Service, once a health problem has been revealed is to help the child and parent secure treatment and care for these adverse health conditions. Treatment facilities in each area of the City should be more closely integrated with the School Health Service. Health Officers should have as one of their prime concerns the establishment of closer working relationships with hospitals and practicing physicians in their districts.

This should lead not only to more effective health service to children but to mutual understanding of methods and more efficient exchange of information between school and the treatment agencies. To implement this proposal, a definite mechanism should be established in each district. This might be a committee or health council representing the treatment agencies in each area, of the City.

Recommendations regarding the actual amount of medical time necessary to provide adequate service in the schools are extremely difficult. Actual allocations have been made by estimating the amount of time necessary for the performance of each kind of service the school physician is expected to render, and then multiplying by the number of such services expected to be done according to experience.

Such a method, while practical for the immediate purpose, has many long range difficulties. Two specific time estimates used, e.g., twenty minutes for a complete examination and six minutes for a screening, need to be evaluated, through actual observations under ideal conditions. Further, it is almost impossible to evaluate each detail of the doctor's day or take into account all demands on his time.

As against the above type of estimate, there have been many statements concerning "adequate" service in terms of doctor hours per 1,000 children registered. In Dr. Schmidt's survey of the Seward Park High School Health Service Plan for instance, a figure was proposed of one full-time doctor for each 5,000 students. Figuring approximately 1,400 hours a year per doctor this would mean about 280 hours a year per 1,000 pupils.

In New York City in the elementary and junior high schools the present figure is about 63 hours per 1,000. In those high schools served by the Department of Health, twice as much medical time has been allocated as in the elementary schools because of the special problems of adolescence. In both instances, however, it appears that the time allotted should be doubled, always with the proviso that nursing time must be increased proportionately.

Dental Care

The high incidence and tendency to recurrence of dental disease in the child population are well known and the problem posed by those facts presses for solution because of the unfavorable physical and mental conditions in which dental infections and irregularities of the teeth often are factors. Dental decay starts in pre-school years and there is a constant annual incidence of new cavities throughout elementary and high school years. The City of New York, because of insufficient appropriations, has not provided comprehensive dental care for children in the age range indicated. Allocation of services available has been largely to children in the Kindergarten and first four grades, with "working paper" and other special cases receiving necessary care.

Because of the limitations noted there is no reliable figure available as an estimate of the total amount of care needed by eligible children or its cost. The experiences of the Guggenheim Dental Clinic, which gives care to children from 2 to 18 years of age, is suggestive. The average number of cavities found in 1,443 newly admitted children, all ages, in a six month period of 1944-45 was 10.2 (x-ray used in all examinations). In the same period 2,139 children, previously completely treated, had an average of 4.1 cavities per child on recall examination. Estimates based on ordinary (not specialist) examination indicated that 20 percent of the children had irregularities of the teeth that presented urgent functional or psychological problems.

PERSONNEL

It should be stated that with respect to the following recommendations, quality is not to be insured by specifications alone. Adequate salaries are necessary to attract those who in addition to the qualifications set up, have sound judgment, enthusiasm and humanitarian ideals. In addition, the establishment of a continuing research project as recommended would attract certain desirable professional personnel.

1. *Physicians.*

A special committee of the Committee on Professional Education of the American Public Health Association made a report which has

been promulgated as official by the Governing Council of the American Public Health Association entitled "Educational Qualifications of School Physicians." It is felt that this statement is perfectly applicable to the New York City situation

2. *Nurses.*

Since public health nursing service to children of school age is part of a general community public health program, and is in fact carried on that way in the New York City Department of Health, the minimum qualifications standards recommended by the National Organization of Public Health Nurses for public health nursing positions are applicable to the School Health Service. In-service education and public health nursing consultation in this phase of the program are provided through a special consultant in school nursing. The minimum qualifications recommended for both types of positions are as follows:

Public Health Nurse:

For the nurse working on the staff of an official or private agency under the direct supervision of a qualified nurse supervisor, the following qualifications are suggested:

(a) General Education—High School graduation or its educational equivalent which meets college entrance requirements. Education on a college level is desirable.

(b) Basic Nursing Education—Graduation from an accredited school of nursing connected with a hospital having a daily average of 100 patients, with the necessary affiliation, which gives the nurse a broad clinical experience in medical nursing, including acute communicable disease, tuberculosis and the venereal diseases, psychiatric and pediatric nursing (including the care of children with orthopedic and cardiac conditions); and an understanding of the social and health aspects of nursing, both physical and mental, through an integrated program of instruction in classroom, ward, outpatient department, with appropriate use of community facilities.

(c) State Registration;

(d) Postgraduate Study: Completion of the year's program of study in public health nursing in a university program approved by the National Organization of Public Health Nurses previous to or within five years after appointment.

Consultant in School Nursing

Qualifications as follows are recommended:

(a) General Education—College degree.

(b) Basic Nursing Education—Graduation from an accredited

school of nursing connected with a hospital having a daily average of 100 patients, with the necessary affiliations to give the nurse a broad experience in medical nursing and an understanding of social and health aspects of nursing.

(c) Postgraduate Study—Completion of one year's program of study in public health nursing in a university program approved by the National Organization of Public Health Nurses, courses in principles of supervision and adolescent growth and development, and advanced preparation in the field of school nursing.

(d) Experience—At least 2 years' experience under qualified nursing supervision in a public health nursing agency giving generalized nursing services, including school nursing; and at least one year's experience as a generalized supervising nurse in a public health agency which administers services for the school children.

3. *Dentists.*

Since dentists will be chiefly concerned with providing corrective dental care for children, special training in that field is desirable. Most dental colleges now make pedidontics a required part of the undergraduate course, hence basic training can be assumed to have been gained by recent graduates. Additional training gained through suitable internship is nevertheless desirable. Public health training will be needed for those who are candidates for administrative positions.

Detailed qualifications follow:

(a) General Education—The requirement of all dental schools that all applicants for admission complete at least two years of predental college work following high school graduation, assures satisfactory educational background.

(b) Dental Education—Graduation from a dental school accepted by the Council on Dental Education or its own State licensing authorities is a requisite.

(c) License to practice in the State and registration of the license.

(d) Internship—Since relatively few dental internships are available, it is not feasible to make this a requirement. Completion of a year's internship in a suitable children's dental clinic or a hospital giving protective dental care to children is highly desirable.

4. *Dental Hygienists.* Preparation as follows:

(a) General Education—High school graduation based on completion of a college preparatory course is the usual requirement for entrance to accredited schools of dental hygiene. This may

be considered satisfactory, although a year or more of college work is desirable, especially for those taking only a one year course in dental hygiene.

(b) Dental Hygiene Education—Graduation from an accredited School of Dental Hygiene.

(c) License to practice and registration of the license.

(d) Internship—A year's internship in a suitable institution is desirable but not essential.

RECOMMENDATIONS

1. *Mental hygiene and child guidance services must be expanded for all age levels. The most pressing need at the present time, however, is development of service for the adolescent age group.*

There were a number of important proposals made by members of the Committee growing out of its discussion of the need for mental hygiene services. These proposals do not come within the immediate scope of the Committee. Nevertheless, because of their importance they are included in a special section of this chapter entitled "Special Problems of the Mentally Retarded Child."

In addition, a statement on the relation of physical and mental health is included at the end of this chapter.

2. *Medical and nursing service should be extended to all high schools without further delay.*

3. *There should be provided one further routine examination during the child's school career. The present examination at the time of entrance to high school should be considered a routine part of the elementary school service and so planned for.*

4. *Intensive training of teachers in the observation of deviations from the normal is necessary for the proper functioning of the present plan to select children on the basis of the teacher classroom observation of the health of the pupils.*

5. *A substantial increase in nursing time available to the schools should be made as a further requirement for the satisfactory functioning of teacher referral system.*

6. *Additional nursing time is needed to parallel any increase in medical time to the schools because the physician creates work for the nurse.*

The increase in the amount of nursing time should provide a ratio of one nurse per 1000 pupils for the City as a whole. There may be variations in either direction in particular schools.

7. *Provision of additional routine examinations beyond the recommended four in twelve years should be deferred at this time.*

8. *The increase recommended could be used as described in "Suggested School Health Policies," paragraph* 6, *pages* 28-29, *2nd Edition,* 1945, *Health Education Council, New York and Minneapolis.*

9. *When it is necessary for schools to employ physicians for medical examinations and services not provided by the Health Department, such physicians should meet the qualifications and be paid on the same basis as Health Department physicians, either per session or hourly rather than per examination.*

10. *The Committee strongly urges a more adequate remuneration for the medical, dental and nursing personnel serving the health of the school child.*

The present rate of pay compares very unfavorably with that offered for the same services in other communities. Better pay is a prerequisite to attract the high calibre of personnel which is necessary to carry out the type of program recommended.

Hourly wages paid to Board of Education physicians compared to those in other New York City organizations and in nearby states are shown in the following listing:

Rhode Island	$6.00
Consolidated Edison Co.	5.00
New Jersey	$4.50 to 5.00
Massachusetts	4.00 to 5.00
Board of Education	4.80
Connecticut	3.00 to 5.00
New York State	3.00 to 5.00
N.Y.C. social agencies	3.00 to 5.00
Board of Higher Education	3.00 to 4.60
Vermont	3.50
New Hampshire	3.50
Maine	3.00 to 4.00
New York City Dept. of Health	2.33

11. *Closer integration should be established through the district health organization with community treatment facilities to facilitate the follow-up and care of adverse health conditions of school children.*

12. *An essential recommendation is that a research unit to study the medical, nursing and dental services be established on a long-time continuing basis.*

A comprehensive school health program should be established at

this research unit to carry out immediately the recommendations of this report. A comprehensive dental health service program should be set up to include, in addition to the usual items, correction of the more severe irregularities of the teeth (see Dental report which follows). In this way, needs and costs of the medical and nursing services and of a so-called maintenance dental program could be determined and serve as a basis for future planning.

13. *There should be administrative machinery established by the Departments of Education and Health to promote cooperation between these two Departments and to integrate and carry out all phases of the school health program.*

14. *Since there were many problems affecting the health of the school child which could not be adequately considered by this committee but which nevertheless require attention, we recommend that a medical and dental advisory committee be appointed jointly by the two Departments to assist the two Departments in the conduct of the school health program.*

PROPOSED DENTAL PROGRAM

Suggested by Dr. John Oppie McCall and Dr. Louis Duhl of the Sub-Committee on School Medical Services

Introduction

The following suggestions are made in the light of the acknowledged fact that New York City school children are not getting all the dental care they need, but with no intention of criticizing the program now being carried on by the Dental Service of the Health Department which has been operating under definite handicaps.

The dental profession believes that in the interest not only of child health, dental and general, but of lifetime dental health, dental supervision and care should begin in preschool years and continue through the high school years.

Perhaps the most important need at the moment is to determine dental condition and the services and cost thereof needed to meet the dental conditions throughout this age range. There is much evidence to indicate that dental care need does exist in preschool children and high school children as well as in the children from Kindergarten to Grade 4B to whom school dental service is now by necessity chiefly confined. In the Health Centers some care is given to preschool and high school children. Children seeking "working papers" also have necessary dental work done.

It should be realized, however, that budgetary limitations restrict the amount of such service. The dental service of the Health Department has been well planned and is well executed, within the limitations indi-

cated. Data available, however, do not provide sufficient basis for formulating an exact idea of dental needs and costs for a complete school dental program. For those two groups, below and above the grade school level, there is little authoritative data available.

Dental care for children is usually thought of in terms of dental health education and filling cavities in decaying teeth. Actually dental needs of children go beyond these stated items. Inflammations and infections of the gums are quite common and may require extensive treatment. Irregularities of the teeth are common and sometimes are severe enough to interfere with speech or to impose psychologic handicaps.

Some idea of the extent of the problem may be gained from figures gathered at the Murray and Leonie Guggenheim Dental Clinic. At this Clinic the age range for children treated is from 2 to 18, with the greatest number falling in the range from 6 to 14. Treatment includes prophylaxis, fillings, extractions, treatment of pulp involvements (limited) and treatment of gum inflammation. No orthodontic service is given.

The figures presented below are in terms of visits required for complete treatment, under the headings just given, for newly admitted and recalled patients. The number of cavities found are given for each group; in all cases bite-wing X-Rays are taken to aid in discovering obscure cavities.

For the six months from November 1944 to April 1945 inclusive, 1443 newly admitted children had their first completion. These children had an average of 10.2 cavities each.

For the same period 2139 recalled cases were completed (recalled cases are only so designated if recalled within two years following the last completion.) Many of the recalled children have been under regular care at the Clinic from 2 to 8 years, some for a longer time. Recalled children as noted had an average of 4.1 cavities per child.

Separate figures for completion on the new and recalled cases are not available at present. The combined groups required an average of 11.5 visits for completion. On the basis of the usual 35 minute interval per visit this would mean that an average of 6¾ hours of dentists' and dental hygienists' time was expended on each child.

Estimates on time required for dental treatment for children are usually based on the number of cavities to be filled. It is a fact that there is a rough correlation between the number of cavities and time required to complete a case. It is therefore often assumed that placing permanent fillings and prophylaxis constitute the entire service needed by each child and estimates are made accordingly. That this assumption is not well founded is shown by figures for services rendered at the Guggenheim Clinic.

For the week of May 5, 1945, a typical week, 3,252 services were rendered to 2,169 children. Of these 1,474 were permanent fillings, 346 were prophylaxis (224 of these given by mobile squad in schools). The remaining 1,432 services included 629 X-Rays, 426 temporary fillings, 267 extractions, and 110 miscellaneous treatments and operations. A condition often met with is the abscessed anterior tooth resulting from trauma. This condition is usually found in children over 10 years of age; in other words, it occurs after the child has been dismissed from the present Health Department program. These teeth must either be extracted in the interest of the child's health or be subjected to painstaking and time-consuming treatment. Orthodontic service, which is needed by so many children, would add materially to these figures.

The number of visits and the time required for a completion are influenced not only by whether the child is a new or a recalled patient, but also by his age. This influence is of course most pronounced in the case of new patients who have had no previous care. In the recalled cases the age factor does not cause so much variation except that there is an upward tendency in the 13-15 year group, many of whom develop cavities in the 16 permanent teeth that erupt at from 10 to 12 years of age.

It is often stated that a dental program of annual care beginning at age 2 or 3 will be the most economic because children in such a program will have a small annual need for care, while starting the program at a later age will be expensive because of the backlog of neglected disease which must be cleared up. Actually the total number of cavities to be filled for each child through the years will be about the same under either program since it is evident that dental care and preventive measures as now practiced do not lessen the tendency to tooth decay. Upon other factors including diet and nutrition must we depend for a lessening of tooth decay. Education of adults as well as of children in the prevention of dental cares through diet and nutrition, should be expanded as a function of the school.

The continuous care program beginning at age 2 does, however, make it possible to give needed attention to a larger number of children each year in a given number of man-hours than is possible when children with mouths neglected over a number of years must be given attention.

The real basis for the recommendation of a complete dental care program beginning with the preschool child is that it promotes dental and general health and that these may suffer if the teeth are neglected. To this should be added the argument that interference with normal use of the teeth due to pain of open cavities, also extractions necessitated by toothache and abscess formation resulting from neglect contribute directly to irregularities of the teeth that may have unhappy consequences later in life.

Proposal

To secure satisfactory data it is suggested that a demonstration project be set up to secure a comprehensive picture of dental need and of dentist-hours and dental hygienist-hours required to meet that need completely. This can be done by selecting three schools in which complete dental care would be given; one, an elementary school with grades from Kindergarten to 6B; one junior high school with grades 7A to 9B; and one a senior high school. Selection should be made with a view, so far as may be, that children treated in the elementary grades would be followed up in junior high schools and high school. This project should be carried on for several years or until there has been a suitable determination of needs and costs.

Services to be given would include examination with bite-wing X-Rays (others as needed), prophylaxis, permanent fillings in saveable teeth, pulp treatments as needed (root canal treatment of permanent incisors), extractions and orthodontic treatment for the more severe malocclusions.

Information on preschool children will be difficult to obtain on a representative basis because of lack of suitable mechanism, such as the public school, for bringing them together. However careful analysis of dental conditions of kindergartners will provide by inference a fairly reliable picture for the preschool group.

Through such a project not only will information on hours and costs be made available but the permanence of the benefits of the present Health Department program, now limited essentially to the first four grades may be determined, since many of the older children treated will have had the benefit of that program.

Appended to this is an estimated time requirement for dental treatment of new children at various ages. This is a tentative estimate only as exact figures from clinic records are not available. It will be noted that time for orthodontic treatment is included, but not for the other condiions mentioned above. It is expected that virtually all children will need fillings; the figures are average for the group. Orthodontic time, including that for records, is an average spread over the entire population for the treatment of the probable 20 per cent who urgently need such care. Time for gingivitis treatment and special surgery is not assigned. Since relatively few need services in comparison with orthodontic treatment, such services will not greatly increase the time.

When children are all under treatment the amount of time needed annually per child drops below the all-age average, as would be expected. It must be said, however, that at present we find between 3 and 4 new cavities in recalled children. This is higher than the one-a-year increment used in the table; that rate takes unsaveable teeth in new children

into account. The time requirement then for these children would be 1 hour 40 minutes to 2 hours, not counting orthodontic service.

Dental hygienists can make examinations and chart cavities, take X-Rays and give prophylaxis and toothbrush instruction. Using the accompanying table it is evident that out of 2 hours mentioned above 40 minutes is assigned for these services. (Actually these figures may be a little high for the younger children.) This would indicate that one hygienist would be needed for every three dentists. While the figures are tentative they are probably not far from right. This does not, however, take into account the supervisors that are needed. This will change the ratio somewhat.

Figuring an average of 2 hours per child per year on a recall basis and with a working year of 1,684 hours, the four man dentist-dental hygiene team could care for 3,368 children each year. If the figure proves to be 1 hour and 40 minutes this would increase the number to a little over 4,000 children. Actually the latter figure is closer to the mark since we are here figuring on general dental service and are not including orthodontia, etc.

The dental care program proposed will be limited to those children entitled to free care. It will be desirable, in the interest of gathering complete data on the incidence of dental disease and abnormality in the child population, to make careful examinations of the children in the experimental schools not eligible for free care. These examinations would not be entered on charts in detail but could show essential conditions. Records of children so examined would be identified by number rather than by name and no record would be given. In that way suspicion that criticisms might be leveled at dentists who had treated the children would be allayed.

There are essentially three ways in which the proposed clinical study can be carried on: (1) use of the dental sections of the present Health Center buildings of the Health Department; (2) use of an automobile dental truck or trailer driven to the school to be served; (3) use of the dental service now conducted in the Central Commercial High School. Method No. 1 will necessitate turning the project over as far as service is concerned to the Health Department. No. 2 can probably be conducted by the Board of Education. No. 3 is now in operation and is entirely under the control of the Board of Education.

Method No. 1: Health Center dental installations include 4 dental chairs, X-Ray machine and dark room and other necessary equipment. Utilization of this method would require selection of schools for the study that would be near the Health Center. Such an arrangement provides for 3 dentists (one of them a supervisor) and 1 hygienist. One assistant can serve the 4 chairs, develop X-Rays, etc. A clerk will be needed for handling records, appointments, etc.

Method No. 2: This method has the disadvantage of heavy initial expense, inconveniences due to cramped quarters, problems of connecting up for electricity and water supply, prevention of freezing of water and disposal of waste water. This method is not economical as to the best utilization of dental and auxiliary manpower.

Method No. 3: At the time this report is being written, the dental clinic in the Central Commercial High School is in charge of Dr. J. A. Salzmann, who developed it in conjunction with the courses for dental mechanics and dental assistants. The obvious need for expanding this service for boys and girls in vocational high schools has resulted recently in a decision by the Superintendent in Charge of Vocational High Schools and the Superintendent of Schools that Dr. Salzmann shall devote the time he now spends in teaching, entirely to the dental clinic. He is planning a beginning of an orthodontia service in addition to the other services given, being a recognized specialist in that field. Laboratory work needed for orthodontia can be done in the dental mechanics class in addition to construction of partial dentures now occasionally required for those being served in the clinic. The installation now consists of 4 chairs, an X-Ray machine, etc. Dr. Salzmann plans to set up other clinics in other vocational high schools.

It should thus be possible to arrange for the use of these facilities for nearby elementary schools and an academic high school, if desired, as well as the vocational high schools now being cared for.

SPECIAL PROBLEMS OF THE MENTALLY RETARDED CHILD

Special problems are presented by the mentally retarded child. Present regulations make it necessary to delay placement of such a child in the group best suited to his capabilities until he is about ten years of age. Many children with retarded mental development would make a more satisfactory adjustment in school if their placement could be arranged soon after they enter the school system. In addition, the following recommendations should be considered for incorporation into the present school program:

1. *Revise and expand the number of classes for mentally retarded children to enable children to enter these classes earlier, if need be, and in order to prevent emotional disturbances which may arise if mentally retarded children are asked to compete with children of average or high mental development.*

2. *To review promotion policies and if possible modify them as a means of promoting better mental hygiene. We have reference to the practice of pushing children ahead with borderline mental development regardless of their ability.*

3. *Deans of boys and girls in the high school should be chosen according to personality criteria to be suggested by the Bureau of Child Guidance.*

4. *Parent education with emphasis on the emotional development of children should be promoted by the schools.*

5. *Courses in human relationships should be offered in the high schools.*

MEDICAL SERVICE FOR PHYSICALLY HANDICAPPED PUPILS

The field of this study was divided into six classifications as follows:

a. Orthopedic
b. Cardiac
c. Health Improvement
d. Deaf or Hard of Hearing
e. Sight Conservation
f. Speech.

Three phases of the problem were considered:

1. Fact-finding as to the magnitude of the problem in each of the fields enumerated.
2. Surveying the medical, nursing and teaching personnel and facilities presently available for meeting the health and educational requirements of the groups specified.
3. Recommendations for additional personnel and facilities required for adequately meeting the health and educational needs of the pupils.

The table on the following page sets forth the number of classes, and the register or number of pupils in the several classifications as of the Fall of 1946:

There are three classes for the blind in high schools. There are four sight conservation classes as such in high schools.

In the course of its work the sub-committee conferred with Dr. Letitia Raubicheck, Director of Speech Improvement; Miss Frances E. Moscrip, Supervisor of Sight Conservation Classes; Miss Grace E. Lee, Acting Assistant Director for the Instruction of Physically Handicapped Children and Mr. Daniel Caplin, Assistant Director of Health Education, Board of Education. The committee also consulted principals and teachers of the special classes for the physically handicapped in the schools which they visited in the Boroughs of Manhattan, Brooklyn, Queens, and Richmond.

From its observations in the field and through its conferences with the supervisory staff, the sub-committee was impressed with the fact that, while improvements have been made in the selection of children for the special classes, there is considerable room for further improvement. More

TABLE

Classification	*Number of Classes*	*Register*
Health Improvement (Cardiopathic)	80	1,427
Health Improvement (Below par)	212	3,989
Orthopedic Children (In Public Schools)	46	702
Orthopedic Children (In Hospitals and Convalescent Homes)	43	635
Hospital Classes		
Tuberculosis Children	11	149
(Outdoor Classes)	13	234
TOTAL	405	7,136
Home Instruction (Homebound Physically Handicapped Children)	214 (Number of Home Teachers)	1,527
Sight Conservation	106	1,970
Speech Correction	263 (Number of Schools)	2,258

emphasis should be placed on the selection of those children most likely to benefit from this special program. The education and physical improvement of these children would be helped by a more flexible program than is now carried on. Space for rest periods for the children of the Cardiac and some of the other special classes is inadequate.

Wherever possible the handicapped children for whom rest periods are required should be provided with a room separate and apart from the room in which instruction is carried on. Such additional space is needed for two reasons; first, to provide for the more comfortable use of the rest chairs used by the pupils; and, second, for the psychological reason of change of environment from the place where the children are under the necessary discipline of the study room.

GENERAL RECOMMENDATIONS

With respect to the several types of children with which this committee is concerned, a general recommendation is made that for these

pupils, there should be a substantial increase in the time allotted for examination and supervision by school physicians and school nurses.

The amount of medical service for this special group of children should be substantially increased. Such an increase would provide for (1) better selection of suitable children; (2) closer supervision of those in the classes; (3) time for liaison work with treatment agencies; (4) time to determine carefully when children should be returned to the normal classroom situation. The special facilities of the health improvement classes of all types should be reserved for and given only to those children whose medical status makes it necessary for them to have this special attention. Further, there is need for a greater participation in the planning for and providing for these children on the part of school principals and classroom teachers. Conferences of principals, school physicians, nurses and classroom teachers with the Heads of the Divisions of the school system who are charged with the responsibility of making suitable revisions for the care and education of these pupils, should be periodically scheduled.

While the Department of Health now carries on a program for cardiac and orthopedic children, the value of the service rendered to these children by means of the special classes can be extended by the inclusion of all the children of these classes in an organized follow-up plan. While such follow-up may not in all cases be essential, need for it will be indicated among the greater number of children, and therefore should be carefully studied, with a view to expansion.

Advisory committees of physicians, nurses and health educators may be profitably organized to bring to bear on problems of the physically handicapped children a wider community interest, with the possibility that additional funds from private sources will augment the services now necessarily confined within the budget limitations. Especially in the fields of defective vision and orthopedic defects, many public-spirited citizens could become interested enough to give of their skills, time, and money.

SPECIFIC RECOMMENDATIONS

Specific recommendations with respect to the special types of classes under discussion follow:

1. *Health Improvement Cardiac Classes*—The cardiac classification service of the Department of Health has demonstrated the desirability of a careful process of selection of children for placement in the cardiac class. To be most effective, this service should be provided in all boroughs, with adequate diagnostic facilities, including the electrocardiograph and sedimentation test, as well as qualified personnel.

Although there is a certain value to the "paper review" now being

conducted in cardiac and orthopedic cases, investigation to determine the adequacy of this procedure as against actual examination of the children is desirable.

2. *Health Improvement, Below Par*—The pupils in these classes, representing as they do a wide variety of sub-standard physical conditions, are in need of more intensive medical and nursing supervision. Such service is not only for the purpose of meeting the immediate needs, but also to insure adequate follow-up of such children, and treatment of adverse health conditions.

In-service training of the teachers of the Below Par Classes is recommended.

There is much to be gained through conferences of the teachers of these classes with physicians and nurses and others who might be secured from the Department of Health to give special lectures on phases of the needs of the physically sub-standard children. Such lectures should include the subjects of nutrition, modified exercises, rest and recreation. The resources of voluntary agencies covering these fields could be made readily available.

3. *Health Improvement, Hard of Hearing*—The extensive development and use of the audiometer for testing the hearing of pupils is commendable, but more provision should be made to follow-up the children found to have defective hearing. It is useless to provide audiometer testing unless diagnostic service and treatment of the children found to have defects is made available.

Such treatment must be suited to the needs of the individual pupil either through the services of a private practitioner or through appropriate clinics. The Health Department is making efforts to fill the gaps in the diagnostic and rehabilitation program for the hard of hearing, but this consultant and corrective service needs to be expanded. The development of such specialized service appears logical because the Department's eye clinics have long met a similar need with respect to the vision of school children.

4. *Sight Conservation*—The provisions for children needing special service in the field of sight conservation could be improved. In the classrooms visited there was lack of evidence of the careful provision for lighting conditions accommodated to the needs of the pupils. Textbooks and equipment were not of a uniform character. The teachers of some of the classes had ingeniously improvised to make up for needed facilities. There was also a noticeable lack of adequate storage space for the special instruction equipment used in connection with these classes.

Clear type books in greater number, "talking books," globes, radios, bulletin typewriters, and facilities for manual work should be provided. Because of the particular problem of children with defective eyesight,

furniture with dull finish to prevent eye strain and glare should be provided. It is also desirable that the classrooms for these pupils should be provided with movable and adjustable desks and seats. Since there are almost 2,000 children enrolled in the 106 sight conservation classes, and since there are classes for the blind in high schools, a more extensive supervisory and service group should be provided for the direction of the activities for this special group of children.

The appointment of a Director for the blind and sight conservation classes, four Assistant Directors for sight conservation classes and one Assistant Director for the classes for the blind is recommended. Because of the technical ophthalmological problems widespread among the children applying for admission and in the sight conservation classes, the Committee believes that more time of specialists in ophthamology should be available through the Health Department.

The appointment of a psychologist, two teachers of vocational and educational guidance, a research assistant and appropriate additional clerical help is basic to a well-organized program for these pupils.

The Committee was unable to investigate to any considerable degree the provision for handicapped pupils in the high schools. It did, however, inquire both at Headquarters of the Board of Education and of the Principals of the Schools visited as to the provisions for this type of children when they graduate from elementary schools into the high schools. The information secured was that provisions for the medical and nursing care and education of these children have been concentrated in the elementary schools. While there are some special arrangements for some of the types of children under consideration in some of the high schools, there is no city-wide plan comparable to that for these children while they are passing through the elementary grades.

The Committee believes that the following improvements are needed in order adequately to provide for the medical and educational needs of the 11,364 physically handicapped children in the special classes of the elementary schools:

1. *Increased physicians' time and nurses' time for the schools having special classes for physically handicapped children. There should be a material increase in the time of both physicians and nurses assigned to these schools and that these physicians and nurses should receive additional training for this purpose.*
2. *One of the most important problems in the care of the physically handicapped is the specialized medical knowledge required for proper diagnosis and follow-up. The Health Department has recognized this by instituting such specialized services. These services, however, are not manned to the proper degree, largely for financial reasons.*

It is, essential that high standards of qualifications be set up for

physicians in the various specialties connected with physically handicapped children and equally important that provision be made for adequate compensation in order to employ physicians meeting these qualifications.

3. *Additional space should be allotted for rest rooms for those children for whom physicians have made this recommendation in order that the required rest may be taken in an environment away from the scene of study and other scolastic activities.*
4. *With respect to cardiac classification, this service at all its clinics should be equipped with additional laboratory aids such as electrocardiograph and sedimentation tests.*
5. *Arrangements should be made for a follow-up of all types of the physically handicapped children by family physicians and clinics to the end that their progress may be observed, hazards avoided and the children handled on a more individual basis than at present.*
6. *The need of better provision for the care and training of physically handicapped children who also present a mental problem was observed. Such children were not confined to any one type of class for the physically handicapped. It is recommended that this matter be given careful study.*
7. *In order to meet the problems of the deaf and hard of hearing, the service for such pupils should be materially extended both for diagnostic service and treatment suited to the needs of the individual child. Arrangements for such individual care should be made on the recommendation of the school physicians and secured either through a private practitioner of medicine or appropriate clinics.*

There should be a closer integration of the program for these children with the program of speech improvement to provide lip reading. The Committee recommends that there be one group-testing audiometer for each of the senior and vocational high schools and further recommends assignment of a specially trained man for the maintenance of the audiometers to insure continued and efficient service.

8. *With respect to the education* per se *of the physically handicapped children, the Committee was unable to spend sufficient time in the classrooms to observe critically the quality of the teaching. We did, however, observe that the teachers having small class registers were able to give individual attention to the pupils and such teaching seemed to be effective.*

In classes where the register was large, obviously group instruction was necessary and, for this type of pupil, not so effective. It was also observed that substitute teachers were often in charge of these special classes. Such teachers observed lacked the skill, experience and interest

of the regularly trained career instructor who had made the teaching of the handicapped a life work. Only specially trained and fully licensed teachers should be employed in the special classes for the physically handicapped.

The Committee did not undertake to inquire into the question of home instruction of home-bound physically handicapped children numbering 1,527 for whom 214 teachers are provided.

The Committee desires to express its thanks to the members of the Staff of the Board of Education both at Headquarters and in the schools. The responses to our inquiries and requests for information and material received courteous and prompt attention. The Committee was impressed with the high-mindedness and enthusiasm of the Supervisors of the various types of the classes for the physically handicapped.

It is believed that the recommendations that have been made are practical. While some of the recommendations may not seem specific enough, the committee was unable to make them more detailed because it was not familiar with the administrative changes necessary in order to effect them. The Committee has conceived its function as one of recognizing needs and pointing out remedies without becoming involved in administrative problems which such changes would entail.

The Committee is unanimous in its recommendation that substantial increase in funds be made for increased personnel and facilities for the adequate medical, nursing and educational services required in order fully to meet the needs of the physically handicapped children in the public schools.

10. *The Committee strongly urges the extension of medical and educational services to physically handicapped children into the high schools. Centers for various types of physically handicapped should be established in one or more high schools in each borough according to the need.*

For example: A center for the blind and sight conservation servicing an entire borough might well be established in one high school, a cardiac center in another high school, and orthopedic center in another high school, etc. The establishment of centers, will result in a more specialized type of service to these pupils and a more effective program.

SCHOOL HEALTH POLICIES

In suggesting the following policies, it was recgonized that there are statutory provisions in the Charter, the Sanitary Code, the Building Code and the Fire Laws of the City of New York and in the State Public Health and Educational laws which must be observed.

Areas of Responsibility

1. *It should be the continuing joint responsibility of the Department of Health and the Board of Education to provide and maintain an integrated health program in the schools of the City of New York.*
2. *It should be the responsibility of the Commissioner of Health to provide, maintain and supervise medical, dental and nursing services in the schools and to establish the medical, dental and nursing procedures under which these services operate.*

Where the Department of Health does not furnish these services directly, the responsibility for the supervision of such services provided in a school should rest with the Department of Health. Personnel employed in these services should be approved by the Department of Health. Both the Department of Health and the Board of Education advocate the full use of the services of the family physician and other medical resources of the community, but the Department of Health reserves the right to review the recommendations of the private physicians with respect to school placement and adjustment.

3. *It should be the responsibility of the Superintendent of Schools to develop curricula, to establish and supervise health teaching in classrooms, and to provide healthful school environment. It should also be his responsibility to coordinate the school program so that the medical, dental and nursing services as supervised by the Commissioner of Health can operate effectively.*
4. *There should be provisions for holding regular joint meetings of representatives of both organizations.*
5. *Surveys and research work involving both fields of responsibility should be planned jointly.*

Responsibilities Within Each School

1. *The principal of each school should be directly responsible within his school for the integration and proper functioning of all aspects of the health program in accord with the policies established as indicated above. A properly organized health council is recognized as a useful adjunct to the school health program in the school.*
2. *It is necessary for the school personnel to know the recommendations of the school medical, nursing and dental service regarding the pupils with whom they are concerned so that appropriate school adjustments may be made in each case.*
3. *It is necessary for each teacher to know the health status of his pupils and to be alert to changes suggesting the need for medical referral.*
4. *Contacts with physicians and community health agencies should be the responsibility of the school nurse, and physician. Contacts with*

social agencies on the part of the Board of Education or Department of Health Staffs should be preceded by conference to eliminate duplication.

5. *It should be the responsibility of school authorities to report unusual health problems to representatives of the Department of Health.*
6. *It should be the responsibility of the Department of Health to notify school authorities of any unusual epidemic situation and to advise them of specific procedures to be followed in each instance.*
7. *There should be a planned written program for the care of emergencies (sudden sickness and accidents).*
8. *The educational opportunities inherent in the school medical, dental, nursing service should be fully utilized by all concerned:*
   a. By making the physical examination an educational experience.
   b. By keeping teachers informed about health problems frequently encountered, which might serve as vital areas of health teaching.
   c. Through joint use by medical, nursing and teaching personnel, of special education services available through the local health centers.
9. *Student participation in furthering good health practices and in maintaining healthful environment in the school and in the community should be encouraged.*
10. *Parents should have the primary responsibility for the health of their children. The educational services of the Board of Education, the Department of Health and community groups should be fully utilized to bring to parents specific and general information which will assist them in maintaining optimum health for each child. Under ordinary circumstances the school should not assume any health responsibility which belongs to the parents, but jointly with the Department of Health, the school can and should assume responsibiliy for parental education regarding pupil health.*
11. *It is important that in-service courses in school health should be maintained jointly by the Board of Education and the Department of Health to include all personnel (teachers, nurses, doctors, dentists, other professional staff and administrators.)*
12. *Effort should be made to acquaint teacher-training institutions in the City with information concerning current problems in the health program and to encourage them to provide pertinent instructional material. More emphasis should be put in the curriculum of such schools on the teacher's role in the health program.*
13. *There should be a written manual of procedure for the health program at each school level.*

14. *All Health Education personnel, as well as all teaching personnel, should be made aware of the relation of physical and mental health.*

The following brief statement, prepared by Dr. Grace Abbate, psychiatrist in the Bureau of Child Guidance and a member of the Evaluative Study, is presented as a basic statement on this subject:

RELATION OF PHYSICAL AND MENTAL HEALTH

A knowledge of mental health practices and fundamental psychological principals as they apply to child growth and development must become foundation concepts and practices of every teacher to whom the welfare of a child is consigned. The need for a mental hygiene point of view involves an awareness of the implications of behavior, an interest in the reasons for conduct, and a knowledge of the far-reaching effects of human relationships. It is of particular importance for the teacher to recognize the educative function as not merely imparting subject matter, but also helping the child to learn how to live as a social being in an environment which will make demands of him, and to which he must adjust; developing healthy mental attitudes; making reasonably full use of his physical and mental endowments; and deriving personal satisfactions and happiness. An interest in the child's motivations and in his reactions as an individual with his own differences enables the teacher to direct the child's educational experience so that he can enhance or establish his emotional security, his feeling of adequacy, and his self-worth.

The mental hygiene orientation implies that teachers look upon the child as a functioning whole, whose separate attainments and functions cannot be isolated without disturbing the pattern of the whole. His behavior is purposive, the result of not one but many factors. The child's behavior is his attempt to meet a situation, to handle his needs—in effect, to make an adjustment to the environment. The behavior may or may not be socially acceptable, depending largely upon the quality of the child's personality development. In considering conduct or behavior, the teacher must look beyond the overt or manifest act and seek the underlying reasons for it. She should endeavor to understand what it represents and why it has happened, rather than to focus all her attention and remedial efforts on what has happened. Thus, in the child presenting deviations from accepted or normal behavior, the behavior should be looked upon as symptomatic of his conflicts and difficulties. The wise and understanding teacher will then try to find the appropriate remedy for those difficulties.

Fundamental to the child's ability to achieve emotional adjustment is the development of emotional security. This state is characterized by a feeling of safety, of belonging, of self-worth, all of which gives the individual an assurance regarding his ability to cope with whatever situations

may arise. Its intensity and strength depend upon the ability of the parents, teachers, and other adults who play an important part in his life to treat him as an individual with respect for his rights as a person. All must help him to develop initiative and self-reliance, but always with an awareness of his physical, emotional and intellectual limitations. Those in the schools must give the child the experience of learning behavior which brings satisfactions, physical as well as emotional. The child must be given the opportunity for successes and approval. However, psychological weaning requires wise judgment; for too sudden a thrusting of responsibility and self-dependence upon the child whose maturation level does not warrant it, is just as destructive emotionally as is the overprotectiveness and infantilization by parents and teachers who are afraid to let their children grow up. A wise and understanding teacher will know just how much protection and how much responsibility the child can take at the different maturation and age levels.

The elimination of tensions in the classroom and gymnasium, together with the development of teacher-child relationship based not on fear of authority but on an awareness of a friendly, interested, impartial teacher, not only prevents feelings of a personal inferiority from developing but also sets the pattern of authority-relationships. This too, is possible of attainment by a wise and understanding teacher. The adequacy of the teacher's emotional adjustment must be considered. The well-adjusted teacher, with personal security and feelings of adequacy, is able to guide her pupils through their emotional weaning from home to their first adjustments to group living. She is most able to help the child make the change from complete dependence upon his doting parents to a gradual growth of independence in which the child becomes aware of his abilities and limitations, his responsibilities, and his adjustments to authority. The wise teacher is able to provide a classroom or gymnasium which is reasonably free from tensions, pressures, and rivalries. She can do this only if she is herself free from anxiety.

Of course, in addition to freedom from fear, the teacher must recognize and accept her own tendencies, and be aware of the extent to which teaching is satisfying her own needs. Her own desire for achievement in higher marks, in exhibitions, in projects, and anything that exalts her, shall not be carried out vicariously through the children in her class to such an extent that pressure is exerted for achievement regardless of individual capacities. Dissatisfactions with her own life should not be expressed in sarcasm, critical comments, inconsistencies in the handling of children. Very often lack of adequate emotional or social satisfactions results in the teacher's unwittingly satisfying her emotional needs through mothering the children, building up a relationship which will in effect retard their emotional growth. The teacher's role, except in rare situations, is not that of a parent-substitute; rather is she the person who

will help the child establish new, satisfying relationships with other adults on a friendly, comfortable, security-enhancing basis. The teacher should be aware that one of her functions is to lead the child out from the home patterns so that he can take his place adequately in the group; not to try to re-enact the home situation in the school. A safeguard against the development of anxiey about her own responsibility is the teacher's knowledge of behavior mechanisms and human relationships. This, a teacher who is wise and uderstanding, will try to make part of her equipment.

The teacher's need for adequacy, for success, and for a cooperative, comfortable relationship with her supervisors must not be overlooked. In a period when there is considerable change in teaching techniques, the teacher is particularly subjected to pressures which may create conflicts about her adequacy, create insecurity feelings within her, and induce tensions which prevent her from functioning properly. This is one reason why the need for the development of curriculum materials in Health Education is so great at the present time.

Here, too, something must be said for the method of introducing a new program or new methods into the schools. Wise and understanding administrators must realize that they cannot introduce these programs into good practice overnight. They should be wise enough to understand that they cannot change habits and practices of many years standing and develop others in a day or even a year. Programs should include teacher training over a long period until the teacher not only understands and sympathizes with the philosophy thereof, but can make a definite, even radical change in teaching habits and practices.

The supervisor must also understand that he is the guide of the teacher almost as completely as the teacher is the guide of the child. Especially in periods of stress and change, when crises threaten the morale of the teaching system and the security and confidence of the teachers, should the supervisor be most understanding and helpful.

In conclusion, the points to be emphasized in teacher-pupil relationship so that each child be happy and successful in his school career may be listed as follows:

1. There must be awareness of individual rate of progress and development.
2. It is important that there be a friendly bond between the teacher and child (outcomes of the teacher's attitudes toward children).
3. The attitudes on the part of the child toward human relationships must be developed. The child must learn:
   a. to respect personality
   b. to appreciate differences (Fear can be eliminated through knowledge and understanding and through this intolerance can be eliminated.)

c. to understand and accept his own lot in life without self-pity and resentment especially when it suffers by comparison with the happy lot of his classmates.

4. Health practices, such as knowledge of spread of colds, skin infections, contagious diseases, etc. should be utilized to develop feeling of responsibility towards others.
5. Teachers must understand and be aware of close link between emotions and functions of the body; for instance the gastro-intestinal tract, where loss of appetite may indicate anxiety; diarrhea may indicate rage; excessive appetite may indicate insecurity and unhappiness. Therefore, it is important not to handle symptoms directly before trying to find out what may be behind them.
6. Teachers should avoid situations which may make the child feel that his home is being criticized. For example, asking a child in front of class to recite items he ate for breakfast may, in a child who comes from a poor home, induce feelings of humiliation and shame. Care must always be exercised to avoid any implied criticism of the home. There are many occasions for such seeming criticism.

VI

The Extended Curriculum in the Physical Education Aspects Of Health Education

ELEMENTARY AND JUNIOR HIGH SCHOOL GRADES

In August, 1946, the regulations of the Commissioner of Education of the State of New York were modified to permit inter-school athletic competition on a tournament basis from the beginning of the seventh year upward, and on an invitation basis in grades five and six. It is too soon after the modification of the regulations to evaluate with any degree of accuracy the effect of the change on the inter-school athletic program.

The effectiveness of the intramural program in the elementary and junior high schools is dependent largely upon the enterprise of the individual school principal. The lack of a city-wide program of intramural athletics at these school levels is due to:

1. The dual job law which prevents permanent supervision of intramural athletics by teachers within their own schools.
2. The lack of central office control of the intramural athletics program as such. There is an afterschool recreation program sponsored by the Division of Community Education but this program is a community project rather than a school project and should not be designed to take the place of a school intramural athletic program.

RECOMMENDATIONS

1. *Central Office controls of the itner-school athletic program on the elementary and junior high school levels should be established to organize schedules, provide play space, assign officials, supervise tournament play, and make such other arrangements as are deemed necessary to the successful conduct of school athletic tournaments.*
2. *Provision should be made for securing trophies and prizes, both team and individual, to reward district, borough, and city champions, both individual and team.*

3. *The Board of Education of the City of New York should engage in an active campaign for the repeal of the dual job law so that coaches and faculty advisers may be provided for the inter-school and intramural athletic programs. The Board of Education should not expect one group of teachers to handle the after-school program of competitive athletics in addition to their regular teaching schedules. Either the after-school program should be credited to the teacher as part of his teaching time or a pay schedule for each session should be devised.*

4. *The program of the Division of Community Education should not be substituted for the school program of intramural and inter-school athletics. Where it is impossible to have both programs, inter-school and intramural athletics, coached and advised by teachers of the school and under direction of the principal, should be retained.*

5. *The Central Office Control of the organization, administration, supervision and management of the inter-school and intramural athletic program should be vested in the Public Schools Athletic League. A games committee made up of representatives of the principals should serve as an advisory council on each school level.*

6. *Executive control of the program should be vested in the Director of Health Education acting for the Associate Superintendent in charge of the Division of Child Welfare and the Superintendent of Schools.*

7. *The Board of Education should provide a budget adequate to permit the organization of a full-scale inter-school athletic program on the elementary and junior high school levels from grades five to nine inclusive.*

8. *Budgetary provision should be made for the inter-school and intramural athletic program in the allowance to each school. Twenty-five cents per pupil per year should be adopted as the minimum allowance for the inter-school and intramural athletic program on the elementary and junior high school levels.*

ACADEMIC AND VOCATIONAL HIGH SCHOOLS

Athletics has flourished in New York City academic high schools for the past forty-five years. During the last ten years, however, there has been a noticeable and regrettable retrogression in spite of the best efforts of the P.S.A.L. and the High School Games Committee. The following facts concerning 47 all boys or co-educational high schools in New York City in 1945 illustrate the situation.

The following number of schools have given up the sports indicated:

Soccer	18	Tennis	12	Hockey	7
Handball	15	Golf	11	Swimming	6
Football	13	Fencing	10	Basketball	4
Track	13	Riflery	9	Lacrosse	4
		Baseball	8		

In only 12 academic high schools is there a good intramural program; in 11 it may be termed fair; in all the others it is either weak or non-existent.

In the vocational schools, the whole athletic program is rather limited. There is no competition at all in football, tennis, fencing, riflery, hockey, golf or soccer. Only a few schools participate in baseball, track, swimming and handball, softball and cross country. The best showing is made in basketball, in which most of the schools are represented. The intramural program for both boys and girls is woefully weak.

There are three important reasons for this state of affairs: 1. lack of coaches; 2. cost of financing an athletic program; and 3. lack of time, space and facilities for practice and contests.

Years ago teachers were glad to volunteer their services as coaches of athletic teams. They took a great deal of pleasure in developing athletics, in molding character, in developing school spirit. Unselfishly, they devoted a great deal of time to this work without any thought of compensation, promotion or reward. But times have changed. Coaches today, because of financial stress, are loathe to give up time to this important work. They seek part-time work in stores or factories, jobs as referees and umpires, or positions as coaches in parochial schools where they are well remunerated. The solution to this problem is to be found in budgetary provision for additional teaching positions in the Health Education Department, so that specially designated athletic coaches may be provided to take charge of school sports in each school. The license for teacher-coach should be similar in intent to the license as laboratory assistant in science. It might well be considered as an internship for prospective teachers of Health Education. Until this is done, the Committee favors a temporary plan to remunerate coaches for their additional athletic work after school hours. A schedule of reasonable honoraria should therefore be adopted.

A great deal of money is needed, mainly for the purchase of supplies, to carry on a good athletic program. Estimates vary from $1,000 to $3,000 a year for academic schools. Where schools have flourishing G.O. treasuries athletics has thrived; but many of our schools have very limited funds and therefore either no teams or very few teams are developed and entered into interscholastic athletic competitions.

The proper development of intramural and interscholastic athletics

should be regarded as a responsibility of the educational authorities of the city. The State Law is very definite on this point, and throughout New York State, with the exception of the City of New York, Boards of Education assume that responsibility. Therefore, the entire athletic program in New York City should be supported with public funds, and should be a separate budgetary item in both the vocational and academic high school budgets.

No attempt to disentangle the emergency problems of coaching and of purchasing supplies that now confront both large and small schools should be made with makeshift measures. Problems should be faced with vision and courage, and solved on educational grounds. Teachers should not be asked to work overtime for long hours every day in the week without compensation. In no other line of work is this expected. Moreover, schools should no more be obliged to finance athletic programs which call for the purchase of uniforms, basketballs, baseball bats, and other athletic equipment than they are at present expected to buy textbooks, or supplies for classroom use.

For many years coaches have been granted partial time allowance from their teaching program for coaching. For example, a football coach would be asked to report to school at ten o'clock instead of eight thirty and stay till five or six o'clock. From an administrative point of view, this arrangement is quite unsatisfactory. The coach, because of his time schedule, cannot serve as a home room teacher. Then again—and for the same reason—he teaches only four classes instead of six. This throws an additional teaching burden upon his colleagues and engenders lack of morale. If coaching is to be considered as teaching, additional teachers must be provided to equalize teaching loads. Until arrangements can be made to meet the need for additional personnel created by the coaching situation, a bonus for coaches is a temporary expedient. It should not, however, be permitted to gain a place of permanency as a part of permanent policy. There should be no substitute for the adoption of a plan to make coaching a part of the teaching programs of all teachers so engaged.

As a result of many conferences with coaching teachers of health education, P.S.A.L. officials, and principals, many schedules for paying coaches have been proposed. Three of these are being submitted. The first represents requests for remuneration submitted by the Coaches Association. The second is a modified and more conservative schedule proposed by a group of teachers and principals interested in the athletic situation. The third is a schedule recommended by the P.S.A.L., based on a salary of five dollars for an afternoon, for a definite number of afternoons required by each sport. It is to be remembered that pay for coaches is an interim expedient.

TABLE

Sports *Schedule:*	1	2	3
Football (Head Coach)	$600	$300	$500
Football (Asst. Coach)	200	100	
Baseball	500	300	350
Basketball	500	300	400
Soccer	250	150	300
Track and Cross Country	500	300	175 & 150
Rifle	150	100	?
Tennis	150	100	100
Handball	100	100	100
Hockey	200	100	?
Golf	100	100	100
Swimming	250	250	125
Fencing	100	100	150
Intramurals (Boys and Girls)	500	400	?
Faculty Manager	400	300	?
TOTALS	$4,500	$3,000	$3,000

The coaches' estimate is $4,500, about the equivalent of a teacher's salary, which is represented by a 30 period allowance now granted to each high school for athletic coaching. The more conservative estimate of $3,000 seems to represent a fair and equitable schedule of salaries. It must be borne in mind that no school carries on a complete sports program which includes each of the items liste above. In all cases, a deduction of 33⅓% may be made, reducing the coaches' estimate to $3,000 and the more conservative ones to $2,000.

Below is a reasonable estimate of the cost of supplies for each school.

Football	$ 600
Baseball	300
Basketball	150
Soccer	150
Track and Cross Country	300
Rifle	150
Tennis	100
Handball	75
Hockey	100
Golf	50
Swimming	100
Fencing	50
Intramurals	300
Laundry and Repairs	650
First Aid	200
Miscellaneous	100
TOTALS	$3,325

This estimate of $3,325 can likewise be reduced by 33⅓% because no school has the complete sports program included in this list. A conservative estimate of expenses will therefore be $2,200 for each school, with the exception of those which start new sports and require a complete line of new equipment.

In making total estimates, it should be remembered that among academic and vocational high schools there are many girls schools. For these only an intramural program is allowed. Then again there are many schools at present that have a meager interscholastic schedule. It would be advisable that new sports be introduced in these schools on a progressive plan. To carry out the entire sports program for a year, a budget of $250,000 will be required to cover the cost of coaching and supplies in the 54 academic and 26 vocational high schools.

In view of the above facts, it is urgently recommended that:

1. *An item of* $250,000 *be included in the* 1950-51 *budget to provide a sound athletic program for all academic and vocational schools.*
2. *During the coming year an emergency fund of* $250,000 *be established.*

There is no reason why a school should not be able to carry on both types of sports; but if a choice has to be made, intramurals are more important because they reach the masses and those pupils who actually need athletic development.

The war emphasized the importance of all pupils' knowing how to swim. The facilities for teaching swimming should therefore be increased and improved. The following recommendations are made:

1. *All new schools should be provided with swimming pools.*
2. *Wherever possible, pools should be constructed in school, buildings that now lack these facilities.*
3. *In order that the best use may be made of the facilities of the pool, each school should have either two teachers of swimming, or one teacher of swimming assisted by a shower instructor.*

CENTRAL OFFICE SUPERVISION OF ATHLETICS

The Public Schools Athletic League has an exceedingly good record in conducting and administering interscholastic athletics in New York City for the past forty years. Formerly, it was an unofficial body made up of a group of interested citizens under the leadership of such men as Gen. George W. Wingate, Gustavus T. Kirby, S. R. Guggenheim and Dr. Luther H. Gulick. Its connection with the Board of Education was rather limited.

More recently the affiliation with the school system has become very close. The Superintendent of Schools is now the president; the Associate Superintendents are directors; the auditor is the treasurer, and the secre-

tary is Inspector of Athletics. The change is for the better and holds promise of improving and developing interscholastic athletics in this city.

The functions of the P.S.A.L. are to:

1. Promote wholesome interscholastic athletic competition
2. Arrange schedules
3. Award prizes
4. Settle disputes and protests
5. Govern eligibility
6. Safeguard health of competitors
7. Publicize athletic activities
8. Prevent exploitation of athletes by limiting charity games, post-season games, inter-city games where long distance travel is required, games against colleges and older competitors
9. Limit number of competitive games
10. Limit number of activities an athlete can participate in during any sport season
11. Conduct city-wide tests
12. Keep informed of state and national legislation relative to athletics
13. Assign officials
14. Sponsor an intramural program for girls (This is being done by the Girls' Branch of the P.S.A.L.).

RECOMMENDATIONS

The present set-up of the P.S.A.L. in the Board of Education is not clear cut. It should be made a definite part of the Health Education Department. It should not be an independent body like the Cafeteria Division or Custodial Service. Such groups make high school administration extremely difficult. Two directors of athletics, one for boys and one for girls, should be appointed and have an adequate budget supplied by the Board of Education to carry on the multifarious and important duties. They should try to provide play space for schools which have limited facilities. They should help to secure armories for games and practice. They should make provision for proper grass surfacing of all play fields before they are all converted into dust bowls and sand lots. They should make a study of municipal stadia and playing fields in Chicago, Boston, Los Angeles, etc., so that New York City may profit from the experiences of school people in these and other cities.

A great many of the above-mentioned activities are carried on through the High School Games Committee which meets monthly to decide and clarify issues. It acts as liaison group between the schools and the P.S.A.L. The members have worked faithfully and efficiently, as is attested by the high standards of performance and sportsmanship which

have been in evidence in interscholastic athletics for almost four decades. It has often displayed courage and independence in refusing to be dominated by newspapers and other outside influences, and yet it has always been responsive to opinions of school people.

The members of the Games Committee are representatives of the principals of the high schools. They should therefore always consult their principals before any meeting where they have to vote on any matter which concerns their school. After each meeting the members should confer with the principals about all the important matters discussed and the decisions reached at the meeting. There should be more rotation in the membership. It is desirable to get new blood and new ideas into a group. Every year or two high school principals should appoint new representatives. On matters relating to sports only those representatives should vote whose schools carry on the sport.

Sports like rifle, bowling, softball, ping-pong, badminton, and hockey should be encouraged. They should not be permitted to be run independently of the P.S.A.L. The rules for eligibility which do not permit playing on outside teams should either be strictly enforced or definitely abolished. An attempt should be made to make New York City and New York State rules uniform in athletics and sports. More emphasis should be put on intramurals, exhibits, athletic carnivals and park festivals.

Most schools seem to favor the use of Madison Square Garden for semi-final and final championship games in basketball. These games usually draw an attendance that cannot be properly accommodated in school gymnasia. The fear that athletes may be exploited and victimized by professional gamblers is made light of by nearly all school principals. Other objections that are at times raised are the difficulties of travel and the frequent evidence of bad behavior of our students in subway trains. A real protest is lodged by nearly every school about the unfair division of gate receipts. Many prefer to play all games in school gymnasia until a better financial arrangement can be made with Madison Square Garden. That the basketball tournaments at Madison Square Garden provide an exceptional educational experience for players and pupil-spectators is generally conceded and represents one of the strongest arguments for the continuance of these games.

Many of the above considerations about Madison Square Garden also apply to the use of Ebbets Field. The financial arrangements have been most unfair. As many schools (Boys, Washington, Lincoln, Curtis, etc.) have stadia which can accommodate 4,000 or 5,000 students there seems to be less necessity for using Ebbets Field for football than Madison Square Garden for basketball. Double headers can be arranged

to take care of nearly all school football games scheduled for any Saturday afternoon.

Wider use of the beautiful stadium at Randall's Island should be made for athletic purposes by all schools, especially those in the boroughs of Manhattan and the Bronx.

The gymnasia at C.C.N.Y. (139th Street and 23rd Street) and at Brooklyn College would be desirable for school basketball games. However, these are not always available because of their use for varsity practice, regular college health education classes, and intramural basketball tournaments. Occasionally, they may be available. The P.S.A.L. should make an effort to schedule several important games in these three gymnasia.

Neighboring schools should make greater use of the fields adjacent to many high schools (Boys, Washington, Lincoln, Curtis, etc.) No objection should be raised by a school, without a good field, to playing in its opponent's stadium just because in doing so it loses the questionable advantage of a "home" game. It seems unwise to schedule a game on an unenclosed field in Prospect Park or on a poorly surfaced field, privately owned, without lockers or showers, just to make sure that its prerogative of "home" school is exercised. Schools should pay a nominal charge for the use of these playfields. This would cover a share of the bill for custodial service, proper policing, and use of equipment like curtains, amplification system, play-by-play board, markers, etc., which have been bought with G.O. money and have only a limited period of usefulness.

Principals and athletic coaches in schools which have been generously supplied by the city with spacious playing fields, large gymnasia, swimming pools, and rifle ranges should, in a spirit of professional courtesy, permit these facilities to be shared by the more unfortunate schools which lack them.

Intramural and interscholastic sports and athletics are an important factor in the education of our boys and girls. To carry these on successfully in the future it is most urgent that the Board of Education, realizing its responsibility, should make ample provision for its support.

THE GIRLS' BRANCH OF THE P.S.A.L.

Values in General Program

The place of recreative and sports activities in the program of Health Education is established beyond any necessity of proof. There is widespread agreement that there should be either an extension of the school program to provide more opportunity for this type of activity or a correlation of the school program with that of the after-school or out-of-school agencies offering a sports and games program for girls.

Role of the Girls' Branch of the P.S.A.L.

The Girls Branch of the P.S.A.L. was established in 1905 at the suggestion of Dr. Luther H. Gulick, who had two years previously been instrumental in the formation of the boys' branch. Mrs. Catherine Leverich, the first president, was assisted by a group of public-spirited women interested in providing suitable athletic opportunities for girls. They initiated an investigation of the facilities and programs of the public schools of that period which revealed the great lack of athletic opportunity for girls. The causes seemed to be a lack of after-school supervision and instruction, and any standard form of athletics for girls.

> "The Girls' Branch therefore set to work to meet these two needs by providing after-school supervision and instruction for girls, so establishing a standard form of athletics for girls based on careful study and experimentation. . . . "
>
> "The problem involved in girls' athletics were much more difficult than those in boys' athletics, the athletics of boys and men being established through a long history of evolution, while girls' athletics was a new subject which of necessity had to be largely experimental."
>
> "The Girls' Branch, like the Public Schools Athletic League, was at first entirely a volunteer body, having no official relation to the Board of Education. It still exists as an outside organization and is supported by voluntary contributions, but official authority has been given it through the action of the Committee on Athletics of the Board of Education, in referring to the Girls' Branch for recommendation all matters relating to girls' athletics."
>
> (Quotations from the Handbook of the Girls' Branch of the P.S.A.L.)

At present the Girls' Branch of the P.S.A.L. endeavors to satisfy a definite need in the present health education program; namely, to provide the stimulation, supervision, and assistance needed to supplement the day-school program by adequate after-school recreative activities for girls.

Its staff is limited to two "Inspectors of Athletics," both trained in the field of Health Education and one office secretary. The inspectors work in cooperation with the Assistant Directors of Health Education on the various school levels. Their work includes:

a. Instruction of teachers (In-Service Courses)
b. Giving demonstrations
c. Working with teacher committees
d. Setting up and maintaining standards

e. Securing play space outside school areas
f. Cooperating with outside agencies
g. Sponsoring and assisting with such activities as park fetes for elementary schools, field days and play days for secondary schools.

The inspectors also obtain and encourage teacher volunteers to carry on this after-school work. An effort is made to provide assistance in the conduct of athletic clubs, but it is felt that to find adequate assistance in the form of coaches a much larger staff would be required.

Relation of Girls' P.S.A.L. to Other Divisions

At present the responsibility for after-school recreation is not definitely allocated. In some schools, the Health Education Department or the school administration sponsors and conducts the program using its own personnel on a volunteer basis. The P.S.A.L. may or may not be asked to cooperate in such a program. In other schools, the P.S.A.L. works in cooperation with the regular teachers and the after-school program is integrated with the Health Education work of the school. In many schools the Division of Recreational Activities conducts an afternoon recreation centre which provides non-athletic recreational activities as well as giving pupils opportunity to engage in sports and games. This afternoon centre draws children from the immediate neighborhood and does not limit its membership to pupils attending the school.

Special Problems in Sports and Athletics for Girls

It is felt by this committee that any program of sports for girls should be undertaken only by those fully aware of the problems involved. There is definite danger of exploitation of girls' athletics. Competitive sports for girls must be chosen for their suitability both physically and emotionally for girls at different maturity levels.

RECOMMENDATIONS

1. *That there be recognition of the need for an after-school and out-of-school recreation program for girls as an integral part of the health education program.*

2. *That there be provided paid and especially trained personnel to carry on this work.*

3. *That the program provided for girls be undertaken in close cooperation with the health education work of the school.*

4. *That the program for girls stress the recreative and play aspect of games, that it provide practice and training in those sports which*

will prepare for pleasurable leisure-time activities in adult life, that it avoids the dangers of intense competition and specialization.

5. *That the experience of the Girls' Branch of the P.S.A.L. be utilized in planning this program. The inadequacies of its present program are due to limitations of budget and personnel.*

6. *That there be a definite allocation of responsibility for the program. The P.S.A.L. at present works in close cooperation with the Director of Health Education and sees its work as a continuation of the day school program.*

RELATION OF THE PUBLIC SCHOOLS AFTER-SCHOOL PROGRAM OF ATHLETIC ACTIVITIES TO THAT OF THE DIVISION OF RECREATIONAL ACTIVITIES

About ten years ago the Board of Education transferred the after-school athletic centers from the Health Education Division to the Division of Recreational and Community Activities. Previously, these afternoon centers had been in operation from 3 to 5 P.M. and carried over the extra-curricular athletic program of the school. The recreational activities in the evening and during the summer vacation period were, on the other hand, under the direction of the Division of Recreational and Community Activities.

With the change, all recreational activities after school in the afternoons, evenings, and in the summer were integrated under the supervisor of the Division of Community Education. The Board of Education is evidently committed to this type of organization, since it recommended a budget of $1,158,000 for the school year 1945-46. A significant fact is that it proposed to employ full-time licensed recreation-adult education leaders. The effect of this program is that after the regular school session the recreation-adult education leader would take charge of the recreation center.

In the afternoons the activities would be centered around the interests of school children; in the evening they would cater to the needs of employed adolescents and adults. The centers would be open from 3 to 10 P.M. as well as during the summer periods. Correlation with the regular day school activities would be achieved by the leader through consultation with the day-school principals. The personnel of the recreation centers would consist in part of regular day-school teachers but would include others on full-time and on part-time status as the needs of the center would require. The center would function not only for the particular school in which it is located but also for the entire neighborhood.

The advantages of this program are:

1. Employment of full-time workers more adequately meets the needs of the neighborhood.
2. The entire recreational program for children and adults carried on in the afternoons, evenings, and summers, is the definite responsibility of one person instead of the divided responsibility of three distinct and separate efforts.
3. Non-athletic recreational activities, such as music, clubs, literature, dancing, games and such can be organized to provide for the needs of persons not interested in an athletic program.
4. The Board of Education has provided a liberal budget for expanding the program.

The point of view that the program of after-school athletics and recreation for school children should be based on and grow out of the day school program of health and physical education and therefore should be under the supervision of the Department of Health Education and conducted by the health education teachers of the school was held by many members of the Committee studying this problem. Under this plan the recreation centers would be under this supervision from 3 to 5 P.M. The evening and summer centers would be under the jurisdiction of the Division of Community Education.

The advantages of this plan are:

1. The afternoon activities would be based on the day school program.
2. Continuity of service would aid in handling disciplinary cases, physically handicapped, improve loyalty and allegiances, etc.
3. Continuity of supervision by principal, teachers and Department of Health Education is more effective than turning these activities over to another division.
4. The plan was successful over a period of years.

RECOMMENDATIONS

1. *It is the opinion of this committee that a drastic procedural change is necessary in order effectively to implement the present educational philosophy as it pertains to the school and the community.*

   This involves:

   a. The realization that the school is the focal point for all community educational activities.

   b. An appreciation of the fact that education, even in its narrowest sense, includes all physical, social, intellectual, and emotional phases of experience.

c. The advisability of placing all activities of the school and community which pertain to health education directly under a Director of Health Education.

d. Adequate provision for assistant directors, and personnel to integrate the whole program, and to insure a more effective functioning than it has under separte bureaus.

2. *In view of the preceding statement and of the present prevailing conception of the function of the principal as the responsible head of all school and community activities throughout the entire day, it must be clearly understood that he must bear the responsibility for all regular school, afternoon and evening community center activities.*

3. *In consequence, the Board of Education should authorize the principal and the supervisory officers of the Health Education Department to program their day to permit most effective supervision of the entire program of educational activities as they relate to the school and community. It is necessary, however, that the principal and other supervisors of the Health Education Department be not required to exceed the regular time of service as set forth in the By-laws of the Board of Education.*

Advantages of the plan outlined are:

a. Centralization of responsibility, organization, and administration in the two most important divisions; viz., the Health Education Department and the school.

b. The closer relationship between regular day school and the after school activities; between the regular day school and adult health educational activities throughout the day, including the evening recreational centers.

4. *In the interval between abandoning present practices and the adoption of the program outlined, the Committee recommends that:*

a. All after school athletic centers from 3 to 5 P.M. be placed in charge of the Health Education Department with regular school personnel to conduct and be responsible for the same.

b. Evening community centers shall continue to be in charge of the Division of Recreation and Community Activities.

c. All activities which stem from the school shall be under the direct supervision of the principal of that school.

THE BOYS' BRANCH OF THE P.S.A.L.

The Committee has concluded that:

a. The former activities of the P.S.A.L. and of the various games committees in promoting inter-school athletics were worthwhile.

b. The discontinuance of the after-school athletic centers, supervised by teachers in the respective schools under the general supervision of the Health Education Department, has caused a lack of interest in, and proper training for, inter-school athletics.

c. The valuable continuity and carry-over of the day school organization was one of the strongest forces and contributing factors in the success of these after-school centers.

d. Intra-mural and inter-scholastic athletic activities have an important place in the educative process. As such, they should be recognized as a fundamental part of the basic health education program.

e. All schools, on all levels, should be guided and assisted to initiate as complete an athletic program as posible. This will include:

1. Intra-mural athletic contests
2. Inter-school athletic contests
3. Field days
4. Play days
5. Athletic pageants.

RECOMMENDATIONS

It is recommended that:

1. *The P.S.A.L. be incorporated as an authorized division of the Health Education Division of the New York City Board of Education.*

2. *Athletic centers under the Health Education Department be restored.*

3. *Every administrative aid to implement a complete intramural and interscholastic program should be provided for every school, subject to standards of participation established for each level by the P.S.A.L.*

4. *The Board of Education consider further steps in the financial support of the program of the P.S.A.L.*

5. *Supervision and coaching of teams be considered a teaching assignment and be recognized as such by educational administrators.*

6. *Coaches who spend thirty clock hours beyond their teaching assignments in the development of their athletic teams should be credited with the equivalent of an "alertness course" and thus meet the requirement for increment.*

7. *Pupils participating on athletic interscholastic teams should receive credit for health education (directed physical activities) in their senior year in the high schools.*

8. *The practice of giving athletic badges made of various metals should be resumed as soon as conditions permit. These badges should be of three types for the three levels of the school system: elementary school, junior high school, high school and vocational high school.*

9. *The P.S.A.L. should formulate requirements for obtaining each of these badges, prescribing the age limits, grades, etc., for the pupils competing for them. A record should be kept, preferably on the health record card, of the successful completion of the requirements by a pupil for one of these badges.*

10. *Games committees for each school level should again be formed. The members of these committees should be teachers representing the principals of the schools on that school level.*

PLAY SPACE FACILITIES

While few will dispute the statement that New York City is in dire need of added recreational facilities, it is also safe to say that much more extensive use can be made of the facilities at hand.

The answer to New York City's recreational plight must consider all of the city's recreational facilities rather than merely those of the schools. In taking full cognizance of the distinct administrative set-ups of the two large recreational organizations, the Division of Recreational and Community Activities of the Board of Education and the Recreation Bureau of the Department of Parks, it is most advisable that, wherever necessary, one department be permitted to make full use of the other's facilities. This precedent has already been established as is evidenced by the fact that the Department of Parks has used the Board of Education's pools for swimming meets during the cold months and that the Department of Parks playgrounds and tracks have been used for physical education classes and track meets by the Board of Education. It is a vital need that these examples be multiplied many times.

Since administrative consolidation does not appear likely at the moment, the immediate steps to be taken call for cooperation whereby the facilities of one department cease to be a guarded possession, but rather are thrown open to the department that can make the greatest use of any facility at any time; an interdepartmental committee can do much to establish this relationship.

Standards for Evaluation

It will be apparent upon inspection that evaluating play facilities is possible only if there are acceptable standards by which they can be appraised. In the designation of vacation playgrounds and community centers, the following standards as to accessibility and types of play areas along with recommended sizes are offered.

Although the Committee does not mean to over-stress the importance of standards, it fully realized the great service it can perform in guiding the evaluation of play facilities and in ultimately aiding the correction of the determined shortcomings. These standards can serve as criteria for not only the Board of Education, but for the Department of Parks as well. The fulfillment of the recreational needs of the city is not within the capacity of either department as established at present; it may come closer to realization only by pooling the recreational facilities and personnel of both wherever conditions warrant.

a. Standards dealing with the accessibility to recreation areas are:
   1. Neighborhood Playgrounds—one-quarter mile maximum distance in densely, crowded neighborhoods! one-half under the most favorable conditions.
   2. Playfield—within one-half to one mile of every home depending on population distribution.
   3. Indoor Recreation Center—a building within one-half to one mile depending on population distribution.

b. Standards dealing with the areas required for the selected types of play areas:
   1. One acre of neighborhood playground for 800 of present and possible future population.
   2. A playfield, 12 to 20 acres or more, for every 20,000 population.
   3. An indoor recreation area for every 20,000 population.
   4. Gymnasium for each 10,000 of the population.
   5. Auditorium or assembly hall for each 20,000 or less.
   6. Social room or play room for each 10,000 or less.
   7. Lounge for informal reading and quiet games for each 10,000.
   8. Game room for each 10,000.
   9. Arts and crafts workshop for each 4,000.
   10. Club or multiple-use room for each 4,000.
   11. Indoor swimming pool for each 50,000.
   12. One acre of park and recreation space for each 100 in the population.

RECOMMENDATIONS

1. *It is worthy of repetition that the topic under consideration by the Board of Education is but a segment of the city-wide problem. While the attempt undertaken by this branch of the city's departments is*

[1] Standards, National Recreation Association, Report pp. 4-8.

a commendable one, it can at best be only an attempt to resolve an immediate question. The urgency of forming a city-wide committee composed of representatives of public and private recreation, in addition to lay people, cannot be overemphasized.

It doesn't matter to John or Mary as to whose sponsorship the program is conducted under. What is of great import is the accessibility and size of the play facilities and the extensiveness of the program. That is the core of the problem. Each agency should look at it objectively in an effort to decide how it can best contribute toward its solution.

Moreover, the inhabitants of the city cannot fully reconcile themselves to the fact that so many school gymnasia, auditoria and play yards are not available to the community in the late afternoon and evening periods not only on week-days but on weekends and holidays as well; the need for recreation is greatest during these times.

2. *At present, the handling of the organization and direction of a community center program is complicated by the fact that the facilities to be used are scattered throughout the building. This complicates the supervision of the program and encourages disciplinary problems.*

The preferred arrangement would be to have a wing of the newly constructed school buildings contain the gymnasium, swimming pool, club organization rooms, auditorium, etc. that could be situated and shut off by a gate from the rest of the plant.

The realization of this ideal may be aided by designating a member of the Division of Community and Recreational Activities to serve in an advisory capacity to the department's construction division to help assure the embodiment of all the facilities necessary for a community recreation program; an essential adjunct to this wing would be the adjoining playfield. In connection with the playfield, the division might consider the use of flood lights to help extend its out-of-doors program into the after-dark hours.

3. *The importance of the adult in the recreation program is accentuated by the decreasing number of hours in the work week.*

Also, "far-reaching advances in preventive medicine and therapeutics have contributed toward an increasingly more adult population. If this trend comes along as projected, by 1960 we shall have about 20 per cent fewer youngsters under 19 and about 68 per cent more oldsters over 65. In a similar vein, Dr. Sam Stevens of Northwestern University prophesied that by 1950 over half of our population will be over 25 years of age. The obvious deduction to be drawn is that the adult is to be given his due share of the program. While recreation is gradually becoming an all-

age problem in actuality, it must more rapidly face the inevitable need of catering more and more to adults."[2]

Consideration of the needs of the adult insofar as the facilities are concerned is an absolute necessity.

4. *The efficacy of any program is determined by the caliber of leadership.*

At the present, the Division of Community Education employs part-time employees except for a few exceptions in the supervisory ranks. These per diem workers who serve in the community centers and vacation playgrounds cannot possibly earn enough through these positions. Their jobs therefore become supplements to other full-time positions.

The shortcomings of this relationship are obvious. The answer is to assign fulltime employees at a salary which will attract well-trained and skillful recreation leaders into career positions.

Relationship of the Park Department, the Police Athletic League, and all other cooperating community recreational agencies to the Board of Education with regard to the use of play-space and the organization of programs of recreational activities

The task of developing programs of recreation and competitive athletics for school children is not exclusively a function of the Board of Education. It is a community responsibility in the solution of which education must assume the leadership. Education must assume leadership in the coordination of programs for youth in full cooperation with the Park Department, the Police Athletic League and all other community agencies that may offer the possibility of constructive programs of youth building.

Problems arising out of juvenile delinquency, religious intolerance that results in vandalism and violence, and other types of human relationships which need sympathetic regulation and adjustment cannot be dealt with by the schools alone but must be the concern of the community as a whole operating through its many agencies. But because of the advantageous position occupied by the school, and because of the close relationship that should exist between the school and educators on the one hand, and the home and children on the other, the school must play a leading role in the process of coordination of functions of cooperating community agencies. If professional educational leadership dodges its responsibility for this process of coordination, the efficiency of the whole community recreation and athletic program must inevitably remain impaired.

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[2] Corbin, Hyman D., Current Problems in Recreation, Journal of Health and Physical Education, (June, 1944), pp. 315-316.

The schools and other cooperating community agencies must realize that each has a responsibility in this process of education through recreation; that this is no time to operate in a private compartment; and, above all, that attempts to protect fences or to build up departmental or particularized agency prestige can only result in a "muddling along" type of city-wide program, rather than a positive, constructive program. All child-caring and child-protecting agencies must realize that all are cooperatively engaged in a joint project which, to be successful, must be so organized and its functions so coordinated that a maximum of cooperation may be achieved with a minimum of friction.

RECOMMENDATIONS

1. *If it is recognized that the coordination rather than the competition of agencies engaged in community recreation that is sought, there should be established a coordinating council made up of representatives of those agencies engaged in providing recreational services for the populace of New York City.*

Qualifications for membership on this council should include a. sociological training, particularly as it applies in the areas of juvenile delinquency and intercultural relations; b. training and experience in the organization and management of municipal recreation; and c. training and experience in youth education. Executive authority should be vested in this council by the Mayor.

2. *It would be the function of this council to establish a liaison and spirit of cooperation among participating groups to the end that an optimum program with maximum utilization of physical and human resources might be set up and lost motion and duplication of effort eliminated.*

Participating agencies should include lay as well as professional, private as well as public groups. For example, public and professional agencies should include the Board of Education, the Parochial School Systems, the Park Department, the Juvenile Aid Bureau of the Police Department (Police Athletic League), etc.; lay and private agencies should include the Public Education Association, the United Parents Association, and the Welfare Council, among many others.

3. *Because New York City is so complex, recognizedly composed of many communities, localities or neighborhoods (e.g., Harlem, Greenpoint, Glendale, Stuyvesant, Bushwick, Bedford, etc.) local neighborhood or community councils similar in structure and function to the city-wide coordinating council should be formed. Membership on these local coordinating committees should, naturally, be drawn from the local communiteis.*

Functions of the Central Coordinating Council

1. To institute and maintain a process of continuing city-wide survey to keep track of current and developing problems and needs; and to provide the personnel, facilities, and equipment available for the solution of these recognized problems and needs. For example, constantly shifting population causes innumerable city-wide as well as local problems of adjustment.

2. On the basis of such survey, to set up optimum city-wide programs which will adequately allocate available resources. For example, play areas of the Park Department are unused for a large part of each school day, although adjacent or nearby schools may have no such available facilities and may, in fact, because of such lacks, be partially or even totally inadequate in their stated objective of furnishing adequate recreative and athletic programs.

3. To prepare over-all figures to meet the needs of a city-wide program and to be used as a basis of all departmental budgets. It doesn't seem rational to continue the present practice of competition among city agencies in obtaining funds for the exclusive use of their own divisions at the expense of other divisions. The adoption of an adequate budget for *all* child-protecting agencies should be the ultimate goal of each of the cooperating community agencies.

4. To formulate a policy defining the functions of each of the major agencies engaged in the project so that the possibilities of each may be fully exploited in the total plan.

One of the reasons for the lack of coordination at present is the continued lack of a basis of common understanding as to specific functions. The Police Department complains that the Board of Education will not permit the Police Athletic League to use existing facilities under the control of the Board of Education. Board of Education representatives complain that the Police Athletic League is pre-empting strictly educational functions. The Park Department feels that neither private nor publicly-sponsored agencies are taking adequate advantage of existing play areas and recreation facilities.

5. To rule on specific recommendations governing competitive activities and apply them in the operation of all cooperating agencies.

For example, if the Board of Education deems it unwise to permit competitive boxing and wrestling in its program, then the Park Department and the Police Athletic League should not schedule these activities as part of their program, unless the central coordinating committee has decided otherwise. A single philosophy should govern the entire city-wide program.

Further, if a boy is competing on his team with a regular schedule of games and practice sessions, he should not be permitted to participate in the organized practice or games of another agency. "Pot-hunting" and medal-chasing should be prohibited. If the objective is the provision of recreation for all, everything possible should be done to prevent the exploitation of the few who need help the least. Innumerable additional examples of the need for specific rules and regulations to govern competitive athletics may be cited, but suffice it to indicate that this is an area wherein coordination must be effeced.

6. To arrange for scheduling large out-of-school athletic events so that there will be coordination rather than competition among agencies or departmental programs. Such a step would, for instance, prevent competitive scheduling of track meets, swimming meets, auto derbies and other group events by various agencies, for the same group of youngsters, on the same dates.

7. Since New York City is recognized not as one community but as a complex of many communities, the Central Coordinating Committee should act as a clearing house for problems referred to it by the local community councils and be empowered to settle local disputes and disagreements arising out of differences of opinion regarding function or program details or the interpretation of policy which has already been determined by the central coordinating group.

8. To prepare periodic reports for public consumption. These should indicate specific needs, the program to meet these needs, and methods and means of carrying out the program. Such a procedure would help to stimulate sympathetic community support through the development of enlightened public opinion.

Functions of the Local Community Councils

1. To institute and maintain continuous surveys of the immediate neighborhoods, both as to needs and resources, and to make periodic reports to the Central Coordinating Committee with regard to problems and suggestions for program adjustments and integration.

2. To propose and execute adequate programs which will make for local coordination instead of local competition. Pointed examples of such competition are:

   a. Complaints that the Police Athletic League conducts a street program of recreational activities within one block of a public school which has an organized after-school center, to the effect that the school playground is empty of youngsters. Other large areas in the same community are unserviced by either agency;

b. Similar complaints have been reported involving the Park Department and the Police Athletic League on the same basis;

c. Park Department representatives voice the criticism that the public schools which often complain of their inability to conduct recreational programs because of the lack of adequate facilities fail to make use of nearby Park Department resources.

3. The present set-up seems uneconomical and wasteful of effort and resources. If an adequate program for this city is ever to be effected, it must be on the basis of organized, co-ordinated activity.

4. To prepare and distribute periodic reports for *local* community consumption on the same basis and for the same purposes as the Central Coordinating Committee.

In conclusion, it would seem to this Committee that the solution to the whole problem lies in the development of a "line and staff" type of organization for the effective coordination of the work of all community agencies which conduct programs of child recreation.

VII

Qualifications, Training and Functions of the Health Education Personnel

It has long been recognized that the health needs of children are the concern of the classroom teacher. Teachers need to be fully equipped by training and experience to recognize the health needs of children and to plan experiences for children which will be reflected in improved physical, mental, emotional and social health. To provide technical guidance and assistance in health education for teachers and administrators, the Board of Education has seen fit to assign district health aducation counselors to each of the Assistant Superintendents.

DISTRICT HEALTH EDUCATION COUNSELOR

The district health education counselor is administratively responsible to the Assistant Superintendent and receives technical guidance from the Department of Health Education of the Board of Education. Through the Assistant Superintendent, the services of the district health education counselor are made available to principals, school health education counselors, teachers, pupils, and parents. Liaison is also established with the district health officer of the Department of Health, school nurses, physicians, dentists and dental hygienists, as well as other community health, welfare and recreation agencies, official and voluntary.

The report which follows is an analysis of the functions performed by the district health education counselors. The relationship with the school personnel, health department personnel, and community agencies is discussed in terms of the problems confronting the district health education counselors in the fulfillment of their responsibilities. Emphasis is placed on the activities which can be organized by district health education counselors so that attention is focused on the health needs of children.

The school is responsible for conducting an educational program which will further the continuous growth and development of school-age children.

To meet this objective school administrators, principals and teachers need:

1. A knowledge of child growth and development
2. A knowledge of the objectives and desired outcome of the health education program in its three phases—health instruction, health guidance and directed physical activities.
3. To build a curriculum in health and directed physical activities based on the needs of children at various stages of their growth and development
4. A thorough knowledge of the procedures established by the Department of Health and the Board of Education for the school health program, with emphasis on the role of the classroom teacher
5. To know how to use the services of a specialist in health education
6. To improve teaching techniques in health instruction and directed physical activities.
7. To learn how to cooperate with the public and private health, welfare and recreation community agencies.

Functions

To meet these several needs the district health counselor should perform the following suggested activities:

1. Act as a liaison person between the Assistant Superintendent and the schools, the Department of Health and other community agencies in the district so that agreement is reached on the objectives of the health education program and plans initiated to carry out these objectives.
2. Organize Health Councils in each school in order to set up plans for the proper functioning of the school health program. Such School Health Councils should coordinate the work of the Department of Health, community agencies and school.
3. Serve on Community Health Councils as a liaison person in order to coordinate the educational programs of the various official and voluntary health agencies with that of the schools of the district.
4. Organize the school health counselors in the district into a group which will act as a consultant and planning body to work on district health problems.
5. Assist in the teacher training program by:
   a. Organizing district workshops
   b. Giving in-service courses approved by the Board of Education

c. Setting up demonstration centers in the district to show one or more phases of the health education program
d. Assisting teachers in individual schools by demonstration teaching
e. Assisting in individual schools with the techniques of pupil participation, by setting up Student Health Councils
f. Assisting teachers in planning units of work which will have health education as the core subject
g. Assisting teachers in the Health Day procedures so that they may make this inventory an integral part of the health program
h. Planning with teachers introductory and follow-up methods to be used in connection with visual education material and outside speakers so that these experiences become part of the over-all health program for the children
i. Planning with teacher, Play Days as culmination of physical education program.

6. On direction from the Assistant Superintendent and the Department of Health Education, initiate and supervise surveys and testing programs in the fields of health instruction, health guidance and directed physical activities.

   Surveys involving medical and nursing services should be planned jointly by the Division of School Health Service of the Department of Health and the Division of Child Welfare of the Board of Education.
7. Seek opportunities to work with parent organizations in order to acquaint such groups with the objectives of the school health program and to enlist their support and assistance.
8. Arrange for the district-wide scheduling of the services of cooperating agencies, such as speakers, films, puppet shows and other auditorium programs.
9. Work with community recreation agencies toward a wider use of play space and after-school recreation activities.

RECOMMENDATIONS

1. *That the district health education counselor be a member of the Assistant Superintendent's staff and work directly from his office.*

   The following conditions are desirable for such work:

   a. Assignment of definite time for regular conferences with Assistant Superintendent
   b. Be given desk space in Superintendent's office
   c. A schedule flexible enough to allow for conferences with representatives of cooperating agencies and for serving on councils

of the Board of Education and cooperating community agencies.

d. That report on absence and payroll report be made from Assistant Superintendent's office.

2. *That the Assistant Superintendents arrange conferences with their principals at the beginning of the academic year to discuss philosophy, objectives and procedures of the health education program.*

In addition, these conferences should be used to discuss the functions of the district health education counselors.

3. *That school health counselors have special preparation in health education, also, that they be assigned as full-time health counselors.*

4. *That technical guidance from the Department of Health Education be coordinated so that all phases of the health education program shall receive due emphasis.*

5. *That district health education counselors be appointed to committees to work with the Department of Health Education and other divisions of the Board of Education, as well as the Department of Health and other official and voluntary community agencies.*

This will enable the district health education counselors to contribute to the development of a well-functioning school health program. It will also provide additional opportunity for self-directed, continuous education through conferences with other leaders, visits to other centers and wider experience with current trends in health education.

6. *That the health aspects of the educational program be considered by curriculum committees so that classroom teachers will utilize available opportunities for health education.*

7. *That specially prepared teachers be available to assist with directed physical activities since specialized skills are needed to teach these activities; also that the integration of physical activities with the school health program be studied.*

8. *That colleges and universities in New York City be encouraged to offer courses for credit which will enable the elementary school teachers to meet the health needs of children.*

Elementary School Grades

The general objectives of the school health counselor are:

1. To familiarize teachers with the content and objectives of the total Health Education Program.
2. To promote and administer the Health Day Program as prescribed in the rules and regulations governing Health Day and the Course of Study

3. To assist in the administration of the Audiometer Testing Program
4. To assist teachers in the preparation and use of teaching materials and methods
5. To assist in providing a physical education program suitable to the needs of each child based on the results of the physical examination
6. To act as liaison functionary for the services of the Department of Health, private physicians, dentists, and other health agencies, and Board of Education personnel.

RECOMMENDATIONS

1. *Title*—School Health Coordinator would be a more accurate title for this position.

2. *Time Allotment*—A full-time assignment to coordinate all phases of the Health Education Program, at the same time integrating this program with the other phases of the school curriculum.

3. *Personnel*—A minimum of one health counselor to a school; more should be assigned where the needs warrant. Under-privileged areas and large schools, be entitled to the services of more than one health counselor.

4. *Special Office and Equipment*—An office adequately equipped to conduct conferences and consultations with parents and pupils, with space provided for records, equipment, etc., should be provided. This room should be located in close proximity to the school health unit.

5. *Program*—The health counselor's program should be flexible and so arranged to enable the health counselor to confer with the school personnel, to conduct consultations, make observations, and to contact outside agencies.

6. *Duties*
   A. Health Guidance Service
      1. Health Inventory Period.
         a. Distribute eye-testing charts
         b. Schedule the use of scales and stadiometers
         c. Distribute dental certificates
         d. Acquaint teachers with Health Day procedures.
      2. Follow-up and Correction of Remediable Defects.
         a. Tabulate remediable defects after Health Day
         b. Organize the program for the follow-up of remediable defects.

c. Coordinate the services of the District Health Education Counselor, the Department of Health, Guidance Personnel and other agencies
d. Interview parents whenever necessary
e. Serve as a clearing agent for all health information pertaining to pupils.

3. Consult with the nurse regarding the scheduling of the Teacher-Nurse Conference (T.N.C.).
4. Administer the Audiometer Testing Program.

B. Health Instruction

1. Advise and assist teachers with the techniques and methods conforming to the modern trends in education
2. Organize and supervise the Health Education Room and Health Bulletin Boards
3. Assemble and classify reference materials and devices, and provide a guide for their use
4. Arrange for Assembly programs, speakers, health displays, etc.

C. Directed Physical Activities

1. Act as consultant on programming and organization of the physical activities
2. Arrange for the care and distribution of athletic supplies and equipment
3. Enlist the services of the district health education counselor to meet the specific requests submitted by the teachers
4. Suggest correlation with the units of work in other studies.
5. Serve as coordinator for the physical activities program and extra-curricular activities
6. Arrange to put into effect, recommended modifications in the school program to meet the specific need of the pupil within the limits of his physical capacity.

D. Miscellaneous

1. To act as liaison officer between the school personnel and the district health education counselor
2. To serve as Chairman to attend District Health Education meetings and report to the School Health Council
3. To act as clearing agent for materials and information pertaining to Health Education
4. To inspect and report on the hygiene and safety of the school environment including hand-washing facilities, condition of lunch rooms, gymnasiums, sewers and pools.

Conclusion

According to the Educational Policies Commission of the N.E.A., the Association of Secondary School Principals, the Department of Education of the States of Connecticut and New York, and other similar bodies, one of the most important objectives of education is HEALTH.

The post-war planning of education must take up the lag that has always existed between stated objectives of education and actual practices. Educators have preached HEALTH, but in their planning, whether it be called a core of interest or a center of interest, they give it little more than lip service. Theoretically, HEALTH is given equal emphasis with other cores or centers; actually, it is the most neglected. The administration of the Health Education Program will be made most effective by delegating the responsibility to a specially trained teacher of Health Education on a full-time basis.

In view of the duties outlined above, it is apparent that the title "Health Education Coordinator" would be a more appropriate designation.

Problems for Further Study

1. Basis of assignment of the number of Health Coordinators to a school.
2. Eligibility requirements for Health Coordinators.

OTHER HEALTH EDUCATION PERSONNEL

Eligibility Requirements

A review of the Regulations of the Board of Examiners reveals the attempt which has been made to keep the examination and appointment of personnel beyond the reach of pressures by individuals or groups. A review of the announcements issued from time to time relative to requirements and examinations for positions in health education, swimming and the like indicates a step-by-step progression in difficulty from one position to the next in a higher bracket.

The Committee feels that the procedures and the steps outlined in the announcements for various positions as prepared and issued by the Board of Examiners are sound in their conception. It believes that problems in this area would be chargeable to the content and methods by which the written examination is set up, the choice of personnel to interview candidates and the evaluative technic employed.

It is recognized that technical and professional preparation in course requirements for eligibility are similar to and include those promulgated by the Division of Teacher Education of the State Education Department. It is further recognized that there are sub-committees of the evaluative study which have been assigned the responsibility for deter-

mining present program content and making recomendations thereon. Since eligibility requirements with reference to specific courses and blocks of emphases should be based upon the school program desired, this report will not make recommendations in this regard. It is felt, however, that considerations such as variations in policy from school district to school district and procedures which have grown out of expediency are and should be subordinate to the effort to obtain the best qualified people to conduct the program. This report will give major attention to problems in policy relative to eligibility requirements and placement of personnel.

Terminology and Program Scope

In viewing the health education program in New York City, it is seen that one of the most obvious problems finds root in the confusion engendered by the terminology utilized. Actually the tearm "health education" as employed in New York City is a general cover-all for three distinct program areas—health service or guidance, health teaching or instruction and physical education or training.

Health Service. While the responsibility for health service or protection (medical examination or inspection and follow-up) is centered in the City Health Department, the schools quite properly have an interest in seeing that pupil needs are met. This would include determination of health status, steps taken for the treatment of remediable defects, supervision on the health and safety aspects of the school plan and individual health guidance.

Health Teaching. Health teaching or instruction includes the instructional classroom program dealing with personal and community hygiene, safety and other topics of a more general nature which are widely considered to be in the province of the health instructional program as covered in the elementary, junior and senior high school teaching syllabuses.

Physical Education. The physical education or training phase is broad and varied in that it covers a battery of subjects. It includes the development of fundamental skills and interests, in-school instruction and practice as well as inter-school competitions.

In addition to these three phases, many states and localities include the general program of recreation which utilizes facilities and personnel. Again, New York City operates under a different plan in that recreation is a separate area by definition in the By-Laws of the Board of Education and a separate staff is maintained. While the Recreation Division utilizes school physical education facilities after the regular school-day session and during the summer, there apparently is little coordination between the programs of physical education and of recreation.

Personnel

Central Office. A definition of the duties of the Director of Health Education (health education and physical education) is included in the By-Laws of the Board of Education. The Director is charged with the responsibility for the preparation and distribution of materials, advisement of superintendents, and principals, examination and reporting of work conducted and instruction of teachers. Apparently it was intended that the director should act in an advisory capacity and under supervisory direction rather than in an administrative capacity under general administrative direction. In addition, to the director, provision has been made for six assistant directors each of whom, in addition to routine duties, is assigned major responsibility for some program area such as the high school program of physical education for boys, the high school program of physical education for boys, the high school program of physical education for girls, educational hygiene, recreation and community activities, intramural and athletic programs for boys, requisition of supplies and equipment, etc.

Schools. Titles officially defined in the by-laws include for day elementary schools, teacher of swimming and substitute teacher for swimming; for junior high schools, teacher of special subject, substitute teacher of special subject, teacher in training of special subject; for day high schools, teacher of special subject, substitute teacher of special subject and teacher in training of special subject; teacher of technical subject (hygiene and home nursing), substitute teacher of technical subject, first assistant in special subject.

In addition to these, teachers of special subjects (health education counselors) are now being assigned experimentally in a supervisory capacity at the elementary school level.

Types of Duties

Reports dealing with health education and physical education in the City of New York have been prepared from time to time. Such reports include a recognition of the administrative and personnel problems which have developed as a consequence of the constantly expanding program. While types of duties vary from school to school as do programs, a general overview of the types of assignments will serve to illustrate the demands of the program. Such demands should be reflected in the eligibility requirements for teachers or the program itself should be revised.

Secondary School

Health Service. Health service including health guidance as distinguished from health teaching reportedly involves a series of respon-

sibilities over and beyond those which are assigned to the City Health Department. These include:

Coordinate, when so empowered by the principal, the functions of the Board of Education and the Department of Health in the school health program

Provide instruction for and collect health examination data from family physician

Provide for and supervise health examinations conducted in the school

Plan and carry through a follow-up program designed to bring about treatment of defects found, including conferences and arrangements made with parents, cooperating agencies and various departments within the school

Supervise the emergency or first-aid room

Send home, when so empowered by principals, pupils who are taken ill in school

Readmit, when so empowered by principals, pupils excluded because of contagious illness or contact when certified by family physician or public agency physician

Record health service marks, and medical and health findings on pupil permanent records

Plan, supervise and conduct special tests of hearing, vision and teeth, including special surveys

Confer with pupils, parents, deans and teachers as to the health status of individual pupils

Prepare statistical and other reports relating to such health services as listed

Be a member of and work with the school health council

Plan and follow through on general program adjustments for pupils necessitated because of health status

Plan health and physical education program adjustments for handicapped pupils including those pupils with either physical or emotional anomalies

Plan and participate in general health observations of school groups as to cleanliness, grooming, posture and the like

Cooperate in general daily health inspection

Cooperate with guidance, lunch room and other special services of the school as needed to meet particular pupil needs

Plan the School Health Day Program

Issue reports from time to time involving work of the Health Education Department, for the department, the school and board of education

Transfer health service records with transfer of pupils to other schools

Health Teaching. The emphasis in health teaching is placed on problems relating to personal and community living including instruction in first aid and safety.[1]

Organize and conduct classes
Prepare lesson plans including visual and other aids
Prepare and conduct evaluation of teaching
Record marks on permanent records
Cooperate with teachers in other departments, such as biology
Cooperate with other departments and services of the school toward the end of more healthful environment and other general projects specifically related to health teaching
Prepare materials for department staff conferences
Prepare reports for the department, the school and the board of education

Physical Education. "An effective program of physical education must be based upon the acceptance of the need for physical, mental, social and emotional development to meet the changed concepts of modern life. Vigorous activities for training in body management and body control are necessary to avoid and correct the results of limited physical activity in present living."[2]

Responsibilities in this area include:

1. Individual health training for the handicapped boy or girl
2. Conduct of class activity in physical education for normal pupils.
   a. Departmental Routine:
      Assign teaching personnel
      Prepare lesson plans including visual aids and other material for bulletin boards
      Organize classes
      Check attendance of pupils
      Plan use of and set up apparatus and other equipment as required, including teaching supplies
      Plan for and evaluate teaching through utilizing a variety of technics
      Record grades or marks on permanent records
      Check and follow-up details of housekeeping
      Supervise facilities between periods including exits, dressing rooms and gymnasiums
      Organize and train leaders corps
      Prepare requisitions and reports as required

[1] Board of Education of the City of New York. Summer Workshop Program. *Handbook for Supervisors and Teachers of Health Education in New York City High Schools.* January, 1944. p. 9.
[2] *Op. cit.*, p. 21.

Gymnastic activities
Game and athletic activities—individual and dual, and team
Self-testing activities—stunts, tumbling and apparatus
Dance including folk, tap, social; and for girls, modern dance
Swimming
Out-of-door activities as hiking, skating and camping

b. Subject Content: (It should be recognized that the health education physical education teacher might well specialize in any one of the categories listed or at least exhibit special skill and interest in one or more activities included in the subgroupings of each category.)

c. Laboratory phase of physical education:
Intramural—Group vs. group competitions; club activities for special interest groups; field days and exhibitions
Interschool—The program for boys conducted in accordance with the regulations and schedules set up by the school games committee of New York City; and the program for girls in accordance with regulations as devised by committees working with the Girls' Branch of the Public School Athletic League

Elementary School

Apparently most of the responsibility for health service, health teaching and physical education in the elementary schools has been assigned to classroom teachers. Occasionally a local principal has been fortunate enough to secure a teacher also qualified in health education (health education and physical education) and has assigned such a person specific responsibilities with regard to organization and conduct of health education and physical education. An attempt is being made at the present time on an experimental basis to solve at least some of the problems which have grown out of the lack of provision of people trained in this field for the elementary schools.

Types of Assignments

In order to provide for the diversified duties included in the health education and physical education program, the following personnel assignments have evolved:

Secondary School

Chairman of Department
Administration and supervision of the Department
Liasion officer between the principal, other department staff members and the staff of the health and physical education department

Improvement of program
Teacher and pupil welfare

Health Advisor
Conduct health guidance periods. This program was first developed as an expedient to relieve crowded use of facilities. Now it stands firmly on its own merits.

Health Service Teacher
Follow-up of examinations
Keep records involving health examinations and treatment of defects
Conduct audiometer and vision tests
Dental survey

Emergency Room and First-Aid Teacher
Supervise the emergency room
Conduct first air as required

Hygiene Teacher
Organize and conduct all hygiene (health teaching) classes
Teacher of Hygiene and Home Nursing

Physical Education Teacher
Plan and conduct physical education classes, intramural programs and interschool competitions

Associate Physical Education Teacher
Assistant to teacher in charge of those classes which require more than one teacher

Activity Chairman
Teaching and coaching certain activities or groups of activities in instructional class, intramurals or interschool (assignment made by chairman on bases of special aptitude or interest)

Swimming Teacher
Conduct classes in the swimming pool

Shower Teacher
Conduct shower room and supervise pupils therein

Elementary School
Health Education Councilor
Assist in organization and conduct of program of health service, health teaching and physical education

Problems in Assignment

It is clear from the types of duties described that the areas of health service, health teaching and physical education require the performance of distinct and differential duties. With the exception of teachers of

hygiene and home nursing, teachers of swimming and shower teachers, the eligibility requirements are not definitive with regard to specializations required. While much of the responsibility for health service is delegated to the New York City Health Department, the schools have assumed responsibility for and taken steps to see that pupils health needs are met.

This service is clearly indicated in the types of duties reported under health service and the types of assignments which have been made. A review of such duties and assignments and a study of teacher time at present devoted to aspects of the program which come within the scope of health service indicates that personnel specifically qualified and trained for these professional functions could be obtained at least as economically as that now employed. The time assigned at present to "health education" teachers could be used to advantage in providing a broader instructional program of health education and physical education.

At present, teaching of hygiene is a direct responsibility of "health education." The supervision of hygiene and home nursing, on the other hand, may or may not be assigned to the Health Education Department. The problem is further complicated by the broader program of health teaching which is required in order to meet the requirements for Regents credit and graduation. Either additional personnel will be needed or there must be a review of assignments and re-direction of emphasis.

In addition to general skills, ability and knowledge, the area of physical education calls for a high degree of skill in one or more special categories; for example, the dance, coaching of team sports such as football, coaching of individual and dual sports such as tennis and swimming. This point is of particular import to New York City, which has by reason of the size of its local administrative units fairly large departments in most schools. This should give opportunity for more highly skilled teaching in a variety of areas than is possible in the small school with only one or two teachers.

The importance of this need for specialization in New York City is indicated by reports of chairmen of departments that varsity sports are not provided in more schools largely because of the lack of qualified coaches. In other words, teachers in many schools cannot meet the special demand for highly skilled technics required in the conduct of inter-school competition. It would seem reasonable to conclude that personnel problems in health education might well be charged to the assignments of teachers to duties which might be delegated with greater efficiency and economy to persons trained in other specialties or to clerical assistants; the failure to explore and list specialties of persons qualified in the general requirements of physical education (health education); and the inability to transfer persons qualified under present requirements to schools which need teachers with certain specialized skills.

In considering these points, it is well to recognize that the solution of problems inherent in the present organization by setting up eligibility requirements and assigning specialized personnel to the area of health service and the transfer of teachers on the basis of specialties is directly opposed to present policy. While recommendations to obtain a broader program should not be disregarded because they are in opposition to present policy, questions relative to safeguarding of the rights of teachers as well as extension to pupils should be thoroughly investigated.

Personnel problems at the secondary level have been created largely through attempts made to meet program requirements. These same problems in the elementary school have developed through lack of provision of adequately trained personnel to conduct a satisfactory program. General policy relative to the provision of special teachers at the elementary level may be involved and may need revision before sufficient personnel can be assigned to the elementary schools. The assignment of supervisors and itinerant teachers will not be sufficient.

GENERAL SUMMARY AND RECOMMENDATIONS

As indicated in this report, the Committee feels that eligibility requirements to be truly functional, first, must be based upon a general understanding of the school system and the policies which govern it. For this reason, the by-laws, the regulations and central office policy were reviewed and discussed. Second, eligibility requirements must be based upon an acceptance of a broad developmental program in health and physical education. While no attempt was made to outline detailed content, the philosophy and principles governing such a program were investigated and are implicit throughout the discussion. Third, eligibility requirements must be based upon a desire to obtain the best trained personnel to conduct the broad developmental program.

Certain problems were identified as being more or less fundamental to the consideration of eligibility requirements. These problems will serve to summarize the areas of background which the committee feels are indicative of needed revisions. It should be noted that the problems listed are not mutually exclusive in that fundamental to one problem area may be specific difficulties chargeable to problems of policy, others to by-laws and others to expediency in practice.

1. Problems relative to terminology. It is felt that "Health Education" as now used in the City of New York is not only indefinite and inconclusive but also is actually a misnomer in that the program includes health service, health teaching and physical education.

Recommendation: The title of the division, the diretcor and the local departments should be renamed in keeping with more current and inclusive terminology; for instance, Physical and Health Education,

Health Education and Physical Education or Health and Physical Education.

2. Problems broader than the area of health and physical education which have a bearing on the conduct and content of the program of health and physical education:

a. Problems relative to the by-laws of the Board of Education. Questions most closely identified with this area are concerned primarily with the interrelation of authority, the definition of such authority and the relationships which exist or do not exist in the vertical and horizontal relations; for example, the question of teacher transfers and the provision of teachers in special branches in terms of general pupil ratios.

Recommendation: In view of the far-reaching effects of certain provisions in the by-laws of the Board of Education which tend to create direct and residual administrative difficulties in the operation of programs in special branches in schools at varying levels and of varying types, it is recommended that a committee of principals, directors of special branches and a representative of the Board of Superintendents be appointed to review this problem and make appropriate suggestions.

b. Problems relative to central office policy. Variation and practice in different schools is to be expected in terms of variations in pupil needs. Observations of a broad and developmental program of health education and physical education point to the need for establishment of policy which will implement the carrying out of such a program.

Recommendation: The Committee feels that attention should be given to the establishment or clarification of central office policy relative to administrative procedures governing swimming teachers, shower teachers, home nursing and hygiene teachers, health councils and the like and clarification of central office policy relative to organization of program at varying school levels and types of schools with reference to problems such as teacher assignments and program emphases within the local department.

c. Problems relative to personnel.

1. According to the by-laws of the Board of Education, directors and assistant directors of special branches are subject to the direction and supervision of the superintendent and further they shall act as advisers to superintendents and to principals, examine the work in their special branches, report upon the work and instruct teachers in teaching. It is evident that the

directors and assistant directors act in an advisory consultant capacity under specific direction.

Recommendations: The Committee recommends that the by-laws of the Board of Education relative to the duties of the director of special branches be revised, so that such directors shall act in an administrative supervisory capacity under general administrative direction. It is further recommended that the duties and assignments of assistant directors be more closely coordinated under the director. This latter recommendation is in accordance with current personnel administration and practice.

2. Official titles for school positions in health education as defined in the by-laws of the Board of Education, distinguish between the levels of general requirements; for instance, first assistant teacher, substitute teacher and teacher in training. With the exception of teacher of swimming and teacher of hygiene and home nursing, there is no indication of specialization or major emphasis. There are a variety of duties in the program of health education (health education and physical education) calling for background and training in health service or helath guidance, hygiene or health teaching and physical education including individual health training, regular physical education and laboratory activities including interschool athletics. The committee feels that this multiplicity of duties should be reflected in the titles of positions and in the eligibility requirements.

Recommendations: The Committee feels that attention should be given to the possibility of establishing eligibility requirements, perhaps in the three major areas, namely health service or guidance, hygiene or health teaching, and physical education.

The Committee recommends that the by-laws relating to official teacher titles in the field of health education as well as the requirements set by the Board of Examiners be reviewed in light of the duties of the three program areas included. A further check should be made in the light of the types of assignment of personnel in health education. A revision of title as defined in the by-laws of the Board of Education may not be necessary.

There is indication that changes should be considered relative to expertness of performance or coaching and teaching ability in one or more major aspects of the program areas; for instance, if a teacher is highly skilled in the dance,

football, ice skating, gymnastics and apparatus, testing or other phases of physical education, health teaching or health service, such specialization should be noted. Further, while the Committee recognizes the necessity of protecting the teaching profession from pressure groups, it is felt that the assignment, reassignment or transfer of teachers from eligibility lists or from the regular teaching group should be possible in order to maintain the best balance of staff ability in each school having two or more teachers.

The Committee recommends that attention be given to the necessity of establishing eligibility requirements for teachers of physical education in the elementary cshools.

Summary

Procedures utilized by the Board of Examiners as outlined in announcements are deemed satisfactory.

Criticisms of the procedures of the Board of Examiners in the conduct of examinations probably stem from the make-up of written examinations, interviewing of the candidates and evaluation of results of the examinations.

An evaluation of the specific technical and professional requirements for various positions as announced by the Board of Examiners should follow the work and disposition of the reports of committees assigned responsibility for evaluating program content.

The term "health education" as employed in New York City is a general cover-all for three distinct program areas: health protection or service, health teaching or instruction and physical education or training.

The major responsibility for health service per se is at the present time assigned to the New York Department of Health. Policy relative to disposition of problems of health service programs in the New York City schools is not entirely clear.

Hygiene teaching for a number of years has been in the province of the Health Education Department. It would seem that additional requirements in the area of health teaching would routinely be assigned to this department.

Content of the school physical education or training program has been defined to include individual instruction, regular instruction and laboratory including intramurals and interschool competitions. Such programs vary widely from school to school, ranging from meager to broad provision.

The definition of duties of the Director of Health Education (health education and physical education) as included in the By-laws of the Board of Education limits the responsibilities of the director to preparation and distribution of materials, advisement of superintendents

and principals, examination and reporting of work and instruction of teachers.

Duties of assistant directors are cleared through assignment by the director and may have arisen out of abilities of personnel assigned rather than position requirements.

Types of teaching positions in health education (health education and physical education) have been defined for the secondary level. An experimental assignment has been made for supervision at the elementary school level.

Types of duties as reported indicate the broad scope of the three phases of program, namely, health service, health teaching and physical education.

Types of assignments in local schools not only reflect the diversity of duties but the attempt to provide service in all three areas.

There are problems in assignment of personnel which may arise from titles of positions as contained in the By-Laws of the Board of Education, types of qualifications for positions and, finally, with regard to policy in the assignment of personnel.

RECOMMENDATIONS

1. *The Committee recommends that serious consideration be given to the advisability of changing the terminology in present use, since the term "health education" is not sufficiently definitive to indicate the three division program of* health service, health teaching and physical education.

2. *The Committee recommends that the Board of Examiners seriously consider the possibility of revising the examinations for positions in health education (health education and physical education) toward decreasing emphasis on memorization and toward increasing emphasis on general principles, policies, organization, information and personal skills in keeping with position demands.*

3. *The types of duties and assignments of personnel indicate clearly the need for considering a further breakdown in eligibility requirements in order that persons with needed professional and specialized qualifications can be employed. The Committee recommends that steps be taken to set up eligibility requirements for school physicians, school nurse teachers, dental hygiene teachers, health teachers, physical education teachers and other professional personnel as may be required.*

4. *The Committee recommends that in view of heavy recording and reporting requirements, consideration be given to the possibilities of providing clerical assistance. It may be that much of the clerical*

problem would be eliminated by the employment of staff charged with responsibility for conducting the health service phases of the program. It is felt, however, that if present duty assignments continue, such clerical service should be made available in order to utilize more efficiently available professional staff.

5. *It is recommended that the Board of Education take steps to assign at least the supervisory responsibility for all personnel responsible for any aspect of health education, physical education and for all health teaching to the chairmen of the various health education departments (health and physical education). This would include responsibility in health service, in health teaching, in physical education and swimming, in hygiene and home nursing, and personnel in appropriate special and technical subjects as well as swimming teachers, shower teachers and the like.*

6. *In view of the broad range of possibilities for specialization within the area of physical education, it is recommended that the Board of Examiners take steps to include a listing of acceptable specializations in its qualification requirement; for example, in dance, modern tap, clog and national; in court type games, tennis, badminton; in sports, coaching, boys, football, basketball, baseball, soccer, track and field; in sports coaching, girls, field hockey, soccer, basketball, softball; in apparatus and tumbling; in camping and outing activities.*

7. *The Committee recommends that in the assignment of physical education teachers to schools, consideration be given to specialities listed in order that a given school may, in so far as possible, have the advantage of a well-rounded staff.*

8. *As a further step in the provision of balanced staff for a given school, the Committee recommends that attention be given to the possibility of reviewing policy relative to transfer of teachers. Specifically, it is recommended that the specialties of teachers, substitutes and teachers-in-training be listed and that such lists be used by chairmen and principals in cooperation with the director of health education in requesting assignment or transfer of teachers to fill vacancies which occur.*

9. *The committee recommends that eligibility requirements for personnel in health service, health teaching and physical education include in addition to technical and professional specifics, the following minimum qualifications:*

Director. Appropriate training culminating in a degree at the doctorate level, Ph.D., M.D., Ed.D., or D.Ph. (Appropriate in this instance should be interpreted to mean special training in at least one or

more of the areas involved.) A minimum of five years of administrative supervisory experience in the scope of the instructional program concerned.

Assistant Director. Appropriate training culminating in a degree at the doctorate level, Ph.D., M.D., Ed.D., or D.Ph. or the equivalent. No less than two years of administrative supervisory experience in the scope of the instructional program concerned.

First Assistant. The requirements as to age, experience and amount of preparation are satisfactory as listed in the announcement of the Board of Examiners of February 7, 1944, with the exception that the committee recommends that the additional thirty semester hours in approved courses be on the graduate level. If qualifications are set up for physicians, nurses, health teachers and physical education teachers, the committee feels that within a period of five years after such qualifications are promulgated, provided the experience requirement of five years is maintained, some modification may be necessary in the course qualifications now set for first assistant in health education (health education and physical education).

Teacher of Special Subjects. Requirements will vary with special fields.

School physician, in addition to license to practice medicine, completion of courses in school administration, school health administration, principles of health education and the like.

School nurse-teacher, in addition to being a registered nurse, completion of a minimum of two full years of appropriate college training including courses in psychology, mental hygiene, family case work, nutrition, public health and education.

Dental hygiene teacher, in addition to registration as dental hygienist, completion of a minimum of twelve semester hours in approriate professional courses at the college level.

Health education teacher, a baccalaureate degree with sufficient courses in public health, nutrition, mental hygiene, social and personal hygiene, nutrition, and family case work to constitute a satisfactory major, plus thirty approved additional hours on the graduate level.

Physical education teacher, a baccalaureate degree with sufficient courses to constitute a satisfactory major, plus thirty hours at the graduate level and a high degree of personal skill and specialization in one or more physical activity areas.

10. *Swimming is a phase of the physical education program and as such should be recognized as an instructional area. The Committee recommends that either qualified physical education teachers trained in this specialty be employed or that qualifications of swimming*

teachers be raised to conform with usual instructional license requirements.

11. *The Committee recommends that eligibility requirements be set up for employment of health education teachers and physical education teachers at the elementary school level.*

In-Service Training

In-service courses are provided to strengthen the teaching ability of teachers already licensed, to assist teachers in keeping up with the most recent materials and trends, for credit allowance toward meeting eligibility requirements for licenses for which the courses are appropriate and for in-service credit for obtaining salary increments.

The By-Laws of the Board of Examiners contain specific references to the conduct and approval of in-service courses. The Committee on Approval of Courses is charged with the responsibility for investigating and reporting to the Board of Examiners as to adoption of courses submitted for approval and whether such courses (a) count toward eligibility for a license under the By-Laws of the Board of Education or (b) count toward exemptions in whole or in part from regularly conducted examinations for licenses.[1] Additional details as to what courses fall under class (a) and class (b) as noted are also defined in the By-Laws.

Instructions governing the conduct of in-service courses pursuant to the By-Laws are prepared and issued from time to time through the office of the Associate Superintendent. A minimum of thirty hours of work, consisting of fifteen sessions, including not more than two absences, satisfactory completion of all requirements prescribed by the instructor, reporting on enrollment, written examinations, issuance of certificates, reporting by the instructors and like requirements are detailed. Requests for courses are reviewed and must receive the approval of the Office of the Associate Superintendent in Charge of Personnel and the Division of Teacher Education, State Education Department. The contents and conduct of courses must be approved by the Board of Examiners and no charge or fee may be levied except for courses regularly conducted by a recognized college or university.

Courses which meet all requirements of the Board of Examiners are listed in the Bulletin, "In-Service Courses for Teachers," issued by the Board of Superintendents. In addition, there is no charge for such services as printing, mimeographing and the like.

At the present time, in-service courses for health education teachers are offered by:

1. The New York City Health Education Teachers Association Women's Games Committee (dance committee)

[1] By-Laws, Board of Examiners, Sec. 24, p. 61.

Women's Physical Fitness Committee
Men's In-Service Games Committee

2. First Assistants' Association
3. Department of Health
4. Director of Health Education
   Assistant Director of Health Education—Women
   Assistant Director of Health Education—Men

There are instances in which the prohibition with regard to fees operates as a definite handicap; for instance, if women teachers of physical education feel the need for instruction in more recent technics of modern dance, it would seem logical to obtain the services of one of the outstanding teachers in this field in New York City. If men teachers wish to have someone conduct a highly skilled and technical course in football or basketball coaching, it would seem reasonable to have those courses taught by well-known and nationally accepted experts in the field of coaching the sport. At the same time, it is not logical to assume that such people will give of their expert attention and time to instructing teachers employed in the public schools without some remuneration.

It is felt that some safeguards could be set up which would protect teachers and also allow for a minimum non-profit fee which could be used to defray the expenses of the instructor employed. Courses are now given under the sponsorship of professional associations but such courses do not count toward meeting eligibility requirements for licenses or for in-service credit for obtaining salary increments, nor are such courses listed in the official bulletin of the Board of Superintendents or in other publicity releases through official channels. New York City has a wealth of talent upon which to draw in a wide variety of special skills. If adequate safeguards are provided, it would seem that every effort should be made to stimulate teachers to obtain the best possible technical leadership.

RECOMMENDATIONS

1. *It is recommended that a person qualified in health education and physical education, and alert to curriculum trends be designated as a liaison officer to work with the Committee on Approval of Courses and the Associate Superintendent's office. Duties of such a person should include the following:*
   a. To maintain contact with the in-service education chairmen of professional associations with regard to needs and requests for in-service courses
   b. To implement requests for specific courses by arranging for leadership of such courses to be chosen from a list of approved experts

in the field, by arranging for the availability of library and other source materials at the location of the in-service course

c. To inform the committees of the Board of Examiners and the Associate Superintendent concerned as to interests and requests received, progress made in meeting needs and recommendations for the approval of proposed in-service courses

d. To make contacts with organizations and agencies which might contribute to the stimulation and inspiration of teachers seeking in-service courses such as colleges, universities, municipal departments, museums and libraries.

e. To cooperate with and assist the person designated as consultant for a given in-service course training.

2. *In order to unify the efforts and increase the effectiveness of in-service courses, a central committee consisting of representatives from the interested offices and associations in healh education and physical education should be appointed. Such a committee should be charged with the responsibility for long-range plans as follows*:

a. Continuing surveys of teacher interest and needs

b. Reports from directors and supervisors as to trends and observed program strengths and weaknesses

c. Continuing reviews of general program emphases throughout the country, for example, the increased interest in and revival on a nation-wide scale of folk and country dancing

d. Reports of changes in scientific materials, for example, newer discoveries and recent finding in nutrition, medical science, physiology including fatigue and endurance studies

e. Reviews of newer activities in physical education including a review of changes in physical activity, including new games, emphases on content, improved technics as in the dance and combatives, and changes in rules.

3. *It is recommended that the regulation relative to fees be revised and that adequate safeguards be set up. Apparently teachers are willing to pay for expert leadership and it is imperative that some provision be made whereby highly skilled and experienced and well-known persons may be obtained to conduct in-service courses.*

The employment of such personnel serves to stimulate teachers to participate and would consequently assist in meeting needs in the field. Outstanding teachers not employed in the public schools cannot be obtained without remuneration.

4. *It is recommended that all professional courses provided at the request of a sufficient number of persons and which meet the regulations as to conduct and content be approved for listing in the official*

in-service course bulletin whether such courses are offered for alertness credit or as refresher courses and without regard to fees charged.

5. *It is recommended that teachers be required to take at least one refresher course in their own subject at least every other year.*

THE RESPONSIBILITY OF TEACHERS OF HEALTH EDUCATION FOR THE HEALTH ASPECTS OF THE SCHOOL BUILDING

It was the responsibility of this sub-committee to report the opinion in the field on the matters submitted to it, and to make suitable recommendations on the responsibility of teachers of health education for the health aspects of the school building and to define the regular classroom teacher's responsibility for the health of the pupils in her care. Informal discussion among teachers of health education in four or five representative high schools has focused on the following points of opinion. A questionnaire embodying these points was submitted to the members of the committee with the request that it be discussed freely and that suggestions be added or other revisions made.

PROBLEM: To what degree shall teachers of health education be responsible for the health aspects of the school building and certain school activities in which the health of the school child is involved?

Recommendation: 1. In general, it is recommended that a school health council assist the principal in solving many of the problems concerned with the health aspects of the school. The school health council should include the chairman of the health education department and a health coordinator.

2. Teachers of health education should be available as consultants on various school committees for the purpose of maintaining the school health facilities and reporting on them.

3. With regard to the cafeteria, in particular, it is recommended that the chairman of the health education department shall be an advisory member of the group that operates the cafeteria and as such shall conribute his observations with regard to cleanliness, general safety, menus, over-crowding, actual time for lunch, and so forth, to the operating committee for further action.

4. With regard to the length of lunch periods, the Committee recommends that common sense dictate the necessary directive for the length of lunch periods in all shools. It recommends a minimum of thirty minutes actual eating time and that the lunch period be allocated between the hours of 11:30 A.M.-1:30 P.M.

5. With regard to excessive home assignments, since regulations are already in force regarding the length of home study assignments, the Committee makes no recommendation other than that these regulations

be observed and that common sense and care for the child's welfare prevail in each individual case. However, in the cases of special students —individual health training cases and others, where it is desirable to integrate all phases of the school program to safeguard or improve the health of the pupils, it is recommended that teachers of health education designate the amount of home assignments and limit the school service the pupil is allowed to perform.

6. With regard to sanitary conditions,
   a. In locker rooms: It is recommended that supervision of locker rooms be assigned to teachers of health education.
   b. In lavatories: It is recommended that supervision of sanitation be assigned to teachers of health education.
   c. In auditoriums: It is recommended that teachers of health education, as such, should not be assigned to the supervision of the auditorium. This area represents a school administrative element and should be under the supervision of the health council of the school.
   d. In natatoriums: It is recommended that supervision be assigned to the teacher of swimming and to the chairman of the department of health education.
   e. In halls: Since this is a school administrative element, it is recommended that responsibility be not confined to the teacher of health education.

NOTE: The oft repeated statement that the teacher of health education alone can manage large crowds may be true, but it is also actually true that teachers of health education are being drawn away more and more for school administrative duties, with the resulting loss of time to their own field and in many cases to the neglect of their professional and pedagogical duties.

PROBLEM: What is the regular classroom teacher's responsibility for the health of the pupil?

Recommendation: 1. The daily morning inspection for signs of illness or infectious or contagious disease is mandatory. The Committee recommends this regulation be a topic for presentation to all teachers by the principal and be enforced.

2. The Committee recommends that the classroom teacher take responsibility for insuring proper seating of pupils with defective eyesight or hearing, and arrange and assist all curtailed programs for physically handicapped pupils.

3. The Committee recommends that teachers (other than health education) would benefit from a mandatory in-service course regarding the procedure pertaining to the health index of pupils, the signs of illness, and the measures to be taken for their referral and exclusion.

VIII

Equipment, Supplies and Repairs for the Health Education Program

In estimating the amount of equipment and supplies needed in preparation of the budget and in the allocation of funds, the Department of Health Education prepares a budget estimate covering supplies and equipment, based on the following factors:

a. An analysis of the program of health education in schools of various types and different levels

b. A listing of supplies needed to conduct the various aspects of the program under different conditions found in the schools

c. Multiplication of individual items on the supply list by the total number of units needed to conduct the program in the different schools.

From this tentative list, the total cost of supplies needed for the school year is determined.

Allocation of Funds

The steps taken in allocation of funds to the schools are as follows:

1. The total cost figure is assigned to school levels and submitted to the Budget Committee.
2. The Budget Committee decides what funds will be allocated to supplies and equipment for health education and notifies the Department of the amount granted.
3. The staff of the Department of Health Education then allocates portions of the supplies and equipment budget not only to the different school levels, but to every individual school in the city on the basis of registration, type of building, and facilities available for health education.
4. The money allocated by the Budget Committee to the Department of Health Education is assigned to different types of supplies and coded according to type. The money assigned in each category must be spent within the coding used.
5. After the supply list has been provided, subsequent to the allocation made by the Budget Committee, the Health Education

Department files a statement with the Bureau of Supplies of the Board of Education which is responsible for the purchase and distribution of all supplies. This over-all supply list is the basis for bids and contracts awarded by the Bureau of Supplies.

An annual record of all supplies used by the schools is kept at the Bureau of Supplies and approximately ninety days before the end of the fiscal year (June 30th) purchases are planned for the following year. The estimates covering purchases are based on the procedures listed in obtaining budgetary allocation *and upon the average supplies provided in the previous three years.* This latter step has been deemed necessary because the full amount of the budget request is rarely granted. It is reported that the budget estimate is increased or decreased as new programs are added or activities are deleted from the program.

Procedures used by the Supply Department must "of necessity be elastic so that the plan of purchase may not require more material than can be bought by the amount of money allowed in the budget."

Individual schools present requisitions for supplies to the Department of Health Education from the approved supply list compiled by the Bureau of Supplies which includes a description of items, prices, and contractors. Each school computes the amount of material which may be purchased within the allocation made. The Department of Health Education is responsible for checking items and the amount of money involved on requisitions received from local schools. Requisitions are then submitted to the Bureau of Supplies which delivers approved items to the schools. Items are checked by the receiving school and delivery receipts are filed with the Bureau of Supplies. Health Education requisitions filled by the Supply Department are charged against the allocation assigned the Department of Health Education.

Other details of supply and equipment procedure include advertising for bids, awarding the contract, transfer and distribution of goods, all of which come under the immediate jurisdiction of the Bureau of Supplies. Close cooperation exists between the Department of Health Education and the Bureau of Supplies. Purchasing is of two types, contract and non-contract. The former deals with the items on the supply list for which a contract has been let prior to the receipt of requisitions. Non-contract items refer to those which are advertised and the contract awarded on a special basis. The non-contract items constitute only a small portion of the budget allowance. In general, Health Education equipment is furnished when the school is built on the same basis as desks, hall lockers and other materials are provided. New purchases or replacements can be obtained, however, through the non-contract procedure as prescribed.

Repair of Equipment

The repair of equipment and supplies is an important factor in a city the size of New York. Through early repair and careful planning for replacement of equipment no longer repairable, substantial savings can be effected and hazardous conditions held to a minimum. Repairs are handled in two ways.

1. EMERGENCY REPAIRS. These may be covered by verbal order which must be confirmed in writing and approved by the Director of Health Education. Any single emergency expenditure may not exceed fifteen dollars.
2. REGULAR REPAIRS are executed as follows:
   a. Specifications are drawn for each repair job.
   b. Contractors bid on separate jobs.
   c. If specifications are met, lowest bid is accepted.
   d. All repair jobs are inspected by a representative of the Division of Health Education before payment is made.

The money allocated by the Budget Committee to the Department of Health Education is sufficient to purchase only a small part of the total instructional supplies and equipment needed by local schools in conducting health and physical education. In the attempt to provide for adequate instruction various schemes have been devised to make up the deficiency. Some of these fund raising practices include use of pupil general organization funds, use of interschool athletic gate receipts, sale of season tickets to athletic contests, application fees for intramural participation, and in some instances the allocation of some funds from the general school allotment for supplies. The very diversity of practice and the uncertainty of the procedure points to the need for a more realistic plan and an adequate budget.

RECOMMENDATIONS

1. *The Committee recommends that an analysis of equipment and supply needs for health and physical education be undertaken.*

Such a study should include an estimate of the teaching supplies actually needed to conduct satisfactory classes, intramural and interschool activities. The estimate should be based upon program content, class size, and multiples of classes per period and other provisions for flexibility.

It is possible to estimate on this basis the total expenditure which would be required to bring the supply and equipment provision in each school up to an acceptable level. Upon the provision of such a minimum supply it would then be possible to estimate the annual replacement figure and thus arrive at a satisfactory and adequate budget for health and physical education.

2. *It is recommended that the budget of the Department of Health Education be prepared on the basis of estimated needs in at least three categories, e.g., instructional supply, operations and maintenance (repairs and replacements) and capital outlay.*

3. *The Committee recommends that sufficient instructional supplies including protective supplies, whether used in teaching regular physical education classes or in intramural and interschool activities, be obtained by the Department of Health Education (central office) through the Bureau of Supplies from an adequate budget allocated for this purpose, and sent to local schools on requisition.*

Such a policy would encourage the development of more meaningful instructional classes and the expansion of intramural and interschool athletic programs which have been discontinued by many schools because of lack of funds.

4. *A tentative allocation of Department of Health Education funds based on a figure which represents two-thirds of the budget estimate for the next fiscal year should be made in March of each year so that schools may order supplies from their allowance for delivery during the summer.*

5. *It is recommended that new equipment including library and reference books be provided local schools on requisition through the Department of Health Education by the Bureau of Supplies from a budget allocated for this purpose.*

6. *The repair of athletic supplies such as balls, rackets, nets, and the like should be arranged through the Department of Health Education (central office) by contract either with the firms which manufactured and sold the equipment to the City, or with a reputable athletic repair firm.*

The cost of such repairs should be provided as a line item in the budget of the Department of Health Education (central office) and requisitioned through appropriate procedures by local schools.

7. *Repairs to gymnasium lockers should be assigned for action to the Bureau of Plant Operation and Maintenance with a further provision that minor repairs should be made by the repair man on the building custodial staff.*

8. *Responsibility for marking the gymnasium floors should be assigned to the custodian in each school.*

Such markings should be renewed annually at the direction of the principal of the school and prior to refinishing the gymnasium floor. Such markings should be made in accordance with floor marking plans

approved by the Department of Health Education. A variety of plans now include having this work done by pupils as a project of the Art Department, assigning it to the staff of health education, paying extra fees to the custodial staff, and employing outside painters through general organization funds. *A standard plan is needed.*

9. *Since the repair of gymnasium and playground apparatus is a specialized function and since repairs should be completed expeditiously in order to prevent interruption of the program and to decrease potential hazards, an apparatus equipment repair crew under the supervision of a crew foreman should be provided by the Board of Education.*

Such a crew should be part of the organization of the repair division of the Bureau of Plant Operation and Maintenance. It should work in close cooperation with the Department of Health Education (central office). There is a sufficient amount of repair work needed annually to provide continuous work for a crew of at least ten men and a foreman.

It is the Committee's considered opinion that economy of time and financial outlay could be effected by the maintenance of such a repair crew.

10. *If the crew is a part of the Bureau of Plant Operations and Maintenance, it should be specifically assigned to repair work of gymnasium and school playground apparatus and equipment.*

Under the present system of individualized contracts with outside firms previously mentioned much needless delay occurs. There are cases on record in which a year or two years elapsed before the necessary machinery was set up so that repairs could be made.

IX

Special Aspects of the Health Education Program

CENTRAL OFFICE POLICY

The efficacy and efficiency of the health education program (health education and physical education) in local schools is dependent, at least in part, upon the administrative organization and policy of the central office. The service of the central office in assisting local school personnel in the continuing improvement of program is in turn dependent, at least in part, upon the responsibility and administrative authority assigned to the director and his assistants. This report will call attention to problems in present structure and policy and will provide broad recommendations directed toward the solution of such problems. Definitive recommendations, as for example, a rewording of Article IV, Sections 36, 39, and 41 of the By-Laws of the Board of Education will not be attempted, nor has consideration been given to the possible impact of such recommendation on other special branches though it is believed that similar problems exist and that clarification of policy might well assist all such areas.

The broad principles and directives governing any and all work concerning the public schools in New York City are set forth in the By-Laws of the Board of Education. In most instances, these By-Laws are entirely clear in their intent. In other cases, however, there are points which apparently have not been satisfactorily clarified by consistency in practice or by stated policy, or such points have been interpreted to the detriment of an efficient and satisfactory program.

Problems in health education directly related to the By-Laws are of two types: (1) problems which call for revision of present articles or sections in the By-Laws; and (2) problems which indicate need for clarification of policy for general application pursuant to the By-Laws.

There is evidence of confusion which the Committee feels has been brought about by terminology. The term "health education" as employed in New York City actually refers to four distinct program areas: health service and guidance, health teaching or instruction, physical education or training, and safety. In the opinion of the Committee there is need for clarification of terminology and a definition of program areas, including specific recommendations and approval of minimum standards

with regard to such factors as the provision of personnel, assignments of personnel, time allotment for program and provision of equipment and supplies.

Apparently it was intended that the director of health education should act in an advisory capacity and under supervisory direction rather than in an administrative-supervisory capacity under general administrative direction, but with no administrative power to see that various aspects of the program are conducted. The lack of administrative authority may be responsible for many of the instances in which the central office has apparently been unable or unwilling to establish policy which would clarify administrative problems encountered in local schools. A part of the difficulty may rest on lack of stated policy governing instances which cross lines of authority, both for schools at different levels and for schools of different types.

There is evidence that some schools are handicapped in providing all phases of the program. There have not been sufficient personnel provided to conduct the program or the teachers assigned may not have all the requisite skills to carry out a total program. For instance, it is reported that a number of high schools in New York City do not provide a sufficiently broad intramural and interschool program because there are no teachers on the staff who have special skills in coaching the recommended or needed activities. This problem might be attacked in several ways: by revision of eligibility requirements or by an effective policy relative to the transfer of teachers.

Program content variation may mean the result of lack of administrative responsibility or authority assigned to the director of the program. In physical education, for instance, there is a wide variety of activities which should be taught. The scope of activities should not be subject to adjustment or attentuation on the basis of expediency. Program changes and adjusments should grow out of the developmental needs of boys and girls. Current practice in New York City would indicate that steps should be taken to insure that program changes are made pursuant to the recommendations of and in consultation with a staff of qualified experts. The realization of program objectives and best practice is frequently precluded when administrative decisions are made independent of qualified professional consideration.

At the present time, there is no indication that directors of special services or special branches such as health education have the authority to see that even a minimum program is carried out on various school levels largely because local administrators operate directly through associate superintendents. In fact, it is believed that there is not an adequate or clear delineation as to the authority of the supervisor and the authority of the local administrators. The program of health education is required by statute at all school levels and in all types of schools and yet special

departments which have expertly qualified people in particular branches are not able to influence or modify program except through good will. This is a further indication of the need for either a revision of By-Laws or a clarification of policy as to administrative authority of the health education central office.

In the schools visited, wide variations were observed in administrative practice in organization, program conduct, content and emphasis. Some variations should be expected because of differences in facilities and differences in pupil needs but it appeared that much of the policy in individual schools and in the central office was based upon expediency. This situation may well be chargeable to the fact that the director of program in the central office has no authority to carry out professional plans. Programs of health service, health teaching or physical education in local schools were meager or excellent, depending upon the school level, the school type and the local administrative policy. While, as has been indicated, some variation is both wholesome and necessary, there should be a stated policy which would tend to result in the provision of at least a balanced minimum program in all schools.

A further example of the weakness in administrative pattern is illustrated by a lack of a central office policy regarding the coordination of health education (health education and physical education) in individual schools as to the supervision and integration of the services of swimming teachers, shower teachers, home nursing and hygiene teachers, make-up of health councils and the like. It would appear that there is a need for definitions of health service, health teaching and physical education ranging from administrative responsibility, duties, personnel administration to content of program. Such a series of definitions, included in a statement of policy would be of great assistance to superintendents, directors, principals and teachers.

Such a statement of policy is also needed to clarify the situation with regard to the administration, conduct and content of the health instruction courses which are to be provided to meet the requirements for Regents credit and graduation.

With the exception of the inspectors assigned to public school athletic league activities, other assignments of central office personnel appear to have been made on the basis of personal abilities rather than definition of position. While it is believed that duties for these positions should not be defined in by-laws in order to allow for flexibility, a general outline of related duties in certain areas would be of assistance in clarifying responsibilities.

The problems with regard to a more effective health service program in the city of New York may or may not be the result of dual responsibilities. In view of the years of experience with the problem on a broad basis, particularly in terms of meeting the needs of all boys and

girls, it would appear that up-state communities are more fortunate than New York City in their health service organization. While all communities do not have satisfactory programs, the framework and policy for a continuous program on all school levels have been established.

According to the By-Laws,[1] the Assistant Superintendent is charged with the responsibility of assigning to the elementary schools special teachers in special subjects which have been assigned to that district. The numbers of teachers of special branches assigned to the elementary schools must be included in the number of teaching positions determined by the Board of Superintendents within the limitations of funds appropriated by the Board of Education.[2]

Teachers of health education and physical education are not at present provided in the elementary schools and the program inadequacies reflect this lack. An attempt is being made to meet problems at this level through the experimental appointment of health education (health education and physical education) counselors assigned to the Assistant Superintendent in the field and the assignment of an interested classroom teacher in each school to assist in the actual conduct of the program. Since it is certain that supervision by trained personnel or itinerant teaching by trained personnel is not sufficient to produce a satisfactory program, the experimental attack upon the problem might well be extended to include the assignment of qualified teaching personnel to a series of schools. A study of the program conducted should reveal the advantages gained.

Health education programs (health education, physical education and recreation) for evening and summer classes might well be improved by the application of the same employment policy to health education as applies for other areas.

RECOMMENDATIONS

1. *The definition of the area of the school program at present designated as health education should be reconsidered and redefined.*

2. *A statement of policy should be prepared in cooperation with all the necessary personnel which would clarify points of policy such as the following*:
   a. The fixing of responsibility of the Director of Health Education (health and physical education) and his staff in determining content and conduct of the programs assigned this branch.
   b. A defining of the content and areas of responsibility in health education (health education and physical education) as conducted in local schools.

[1] By-Laws: Div. A, Sec. 46, Art. 3 (f).
[2] By-Laws. Div. F, Sec. 77, Art. 2 (5).

c. A statement governing the official and periodic revision of the curriculum in health education (health education and physical education). Such curriculum revision should be made in the light of pupil needs and by a staff of competent experts in collaboration with general curriculum specialists.

d. A statement defining minimum provisions expected in schools of all types as to health service, health teaching and physical education.

e. A statement indicating the responsibilities, duties and assignments of representatives of the health education staff (health education and physical education) on health councils and committees in local schools.

f. A statement for application in all schools governing administrative authority including such personnel as swimming teachers, shower teachers, home nursing and hygiene teachers and the like.

g. A statement of procedure which would make possible the transfer of teachers or the assignment of teachers to positions on the basis of specialized skill of the teachers and of specific program need in local schools. Adequate safeguards can be provided and more adequate staff balance should result.

h. The same plan as is now used in assigning teachers for other subject areas in evening schools should be applied to health education (health education, physical education and recreation) particularly with regard to placing the staff on a permanent rather than on an annual renewal basis.

THE PHYSICAL EDUCATION PROGRAM

This Committee, formerly termed the Committee to Evaluate the Ranger Program, was asked to extend its study to include the program of physical education for both boys and girls.

Committee representatives observed the program in fourteen elementary, junior, vcoational, and academic high schools. Various types of programs were noted but plans for actual evaluation and detailed analyses of the program were not carried out.

In the opinion of the Committee there are serious problems which inhibit the operation of a satisfactory physical education program in all grades in the schools of New York City. For instance, the program of physical education at the elementary level is inadequate and unsatisfactory and there is no regular teaching assignment at present of trained teachers of physical education to the elementary schools. In fact, the present general quota system of assigning teacher positions to the schools apparently operates to the disadvantage of this program as there is no

provision or requirement for qualified physical education teacher assignments. Since the elementary school years are extremely important in the physical growth and development of boys and girls, instruction and practice in physical education under the guidance of adequately prepared teachers should receive far more emphasis.

While trained teachers are assigned to junior high, vocational high and academic high schools, there is wide diversity in the pupil-teacher ratios, in the breadth of the program presented and in pupil time devoted to these fundamental activities. The instructional time requirement in physical education for pupils in elementary grades approximates one-half hour daily, and one hour per day for pupils in secondary grades. It should also be recognized that growth needs of boys and girls in terms of planned and appropriate instruction and practice in physical activity are essentially the same whether the pupils attend an academic school or a vocational school.

The conduct of an adequate physical education program involves both routine organizational duties and broad teaching ability. The scope of the program is indicated by the fact that routine duties and the more usual activities to be taught in the secondary schools include: lesson plans; organize classes; check attendance; evaluate teaching and pupil status; keep permanent records for individual pupils; check for safety factors; supervise facilities; organize and train leaders club and other student groups; teach gymnastics, stunts, tumbling and apparatus; teach individual and dual activities as tennis, badminton, bowling, and handball; teach team sports as basketball, baseball, softball, soccer, field hockey, football and volley ball; teach dance as tap, clog, modern, social, folk and national; plan and conduct intramural activities for a variety of competitions; and coach interschool and varsity sports.

Physical education for the participant is not all play and not all exercise. It should involve sufficient body building exercise to develop muscular strength and muscular and cardio-respiratory endurance. It should involve satisfying participation in games and sports which develop agility and activity skills related to organic power and stamina. It should call for socially and emotionally stabilizing experiences. Athletics for boys and for girls both interschool and intramural are a part of the curriculum in physical education. As the laboratory aspects of instruction in physical activity, athletics should be planned to provide opportunity for participation by all pupils consistent with their needs.

The "ranger program" consists of activities which are common to any well organized and varied program of physical education. The arrangement of such activities into a so-called "ranger program" appears to be a motivating device which made use of the war emphasis. It seems to the Committee that there is and should be a place in a peacetime program for this type of conditioning activity. It should be clear however,

that it is also proper that pupils receive instruction and practice in a wide variety of sports and games including those of specific recreational nature.

The need for skill in swimming received much attention during the war. The Committee has been told by Navy officials that 85 per cent of all war drownings could have been prevented if the boy who lost his life could have remained afloat for thirty minutes. The National Safety Council lists drowning as one of the most prevalent single types of accident.

The scope of the problem involved has been indicated by the fact that a recent study of 1,000 college Freshmen disclosed that 13 percent of them could not swim at all and 64 percent of them could not swim fifty yards. At the same time swimming is excellent exercise and also one of the most popular and developmental of all recreational activities. It has been noted that all of the people in New York City live within ten miles of a waterway. Here is an activity that is of great interest, participation opportunity is fairly general, and yet it is potentially and actually a serious hazard unless skill is learned. The schools in New York City should make every effort to insure that every child in New York City can swim both for his own safety and for the development of a truly "carry over" recreational activity.

In the opinion of the Committee, the broad program of physical education which should be provided for all children in all schools is not possible under present circumstances. Problems which prove barriers to the development of an adequate program should be solved. Among the problems are the lack of program standards approved and supported by the central office of health education, the Superintendent and the Board of Education. These standards for physical education should include such factors as time allocation, class size, teacher load, teaching stations, teacher duty assignment, improved pupil records, clerical assistance, achievement standards in at least the basic aspects of physical education and adequate supplies and equipment. Implicit in program weaknesses is evidence of the need for clarification of central office policy, possible revision of eligibility requirements and greater utilization of in-service courses. These problems go beyond the scope of the present authority of the Department of Health Education, and again indicate reorganizational need.

RECOMMENDATIONS

1. *The Committee recommends that professionally qualified teachers of physical education with special training emphasis on child development and programs for elementary school children be employed, and further that such especially qualified teachers be assigned to ele-*

mentary schools in sufficient numbers to conduct a daily period of physical education instruction for all children in grades 3 to 8 inclusive.

2. *The Committee recommends that standards dealing with instructional time, class size, teacher load, teacher stations, teacher duty assignment, clerical assistance and the like be developed by appropriate professional committees and advisers, and further that such standards be approved by and receive support of principals, superintendents and the Board of Education.*
3. *Since modifications or extensions of program for purpose of motivation are in keeping with approved curriculum practices the Committee recommends that modifications such as the "ranger program" developed during the war period, be encouraged.*
4. *The Committee recommends that in instances in which teachers find the modification of program presently called the "ranger program" successful in motivating pupil achievement and interest, the "ranger program" continue in use.*
5. *The Committee strongly recommends that attention be given to the need for a broad program of developmental physical education activities for all children, which should include gymnastics, stunts, tumbling and a wide variety of sports and games including intramural and interschool athletics.*
6. *The Committee urges that every attempt be made to provide swimming instruction as part of the regular physical education program. A program of self-testing activities and group tests and measurements should be developed for each grade level.*

SUMMER CONTROLS IN HEALTH EDUCATION

The purpose of this subcommittee has been to evaluate, in terms of health education, recreational activities available for school children during the summer months and to make recommendations with respect to them.

The Committee has not had the time or the resources to undertake a complete study of all summer health education programs for school children of the city. This would involve investigation and appraisal of the summer programs of hundreds of voluntary as well as official health and welfare agencies. The Committee has confined itself to reviewing the summer programs of departments of the Board of Education; has informed itself about the programs of the Park Department and Police Athletic League; and has a general knowledge of the programs of other agencies.

Findings

There is a wide variety of recreational activity offered by various agencies.

There is a sharp distinction between the programs offered by the Extension Division and the Park Department with respect to education. In the former, teaching and supervision are integral parts of the program; in the latter, no teaching is carried on—though there are many similarities with respect to the recreational activities offered.

Most of the programs offered, except for some in the Extension Division and in some voluntary neighborhood agencies, are for a fraction of the day.

Little or no formal health or safety education is carried on in these programs. Medical and nursing supervision is meager or is not available. No attempt is made to correlate the school's knowledge about the child's needs and abilities and his summer program.

GENERAL RECOMMENDATIONS

1. *The Board of Education should request some community agency, perhaps the Welfare Council to survey the whole field of summer programs to determine who is doing what.*
2. *A planning body should be established to determine needs in this field, promote and expand programs according to local needs so as to utilize existing facilities and personnel, and avoid overlapping.*
3. *This same planning body could serve as a clearing house for information regarding summer programs.*
4. *Standards as regards supervision, facilities and objectives should be established. Responsibility for this should rest with the same planning body.*
5. *A step toward the establishment of a planning body would be for the Board of Education, through its Extension Division and the Park Department, to get together to plan the utilization of their facilities.*

SPECIFIC RECOMMENDATIONS

1. *The more privileged residential areas as well as poorer sections of the city need recreational facilities. Most of these areas have cultivated shrubbery, etc., and little or no playground space. Children play on streets.*
2. *Playgrounds should be supervised by adequately-trained personnel.*
3. *The dual job law should be repealed. This would make it possible to use much-needed but now idle recreational facilities, because the*

only available pool of adequately qualified personnel is already employed during the school year.

4. *Playground space should be available within a radius of five blocks. Big facilities should not be more than a half mile away.*
5. *More publicity should be given to summer programs through schools before they close for the summer.*
6. *Churches could do more to help develop summer health education (recreation) programs.*
7. *Study of ways and means of integrating the schools' information about children with their summer activity should be undertaken in order to offer recreational opportunities to meet their specific needs.*
8. *Study should be given to developing:*
   a. Public School summer camp programs outside the city
   b. Recreational programs on an all-year basis under supervision of stable personnel with definite community relationships and responsibilities
   c. Summer day camps under specific supervision and control of Board of Education.

In all summer programs for children the ultimate goal should be to provide opportunities for learning and integrating good physical and mental health practices.

THE PROGRAM FOR THE CONTROL OF COMMUNICABLE DISEASE

In planning the work of this subcommittee, it was thought advisable first to become acquainted with the procedures now in effect for the control of communicable diseases in the schools. Chapter 8 of the "Manual of Procedures for the School Health Services of New York City" was the basis for the Committee's discussion.

In the main, it was agreed that the procedures for the control of communicable disease, as described in Chapter 8 of the Manual of Procedures, were adequate. The Committee, however, recognized that it is difficult to prevent the spread of communicable disease by action in the school because by the time a case of communicable disease is detected in the school, in most instances considerable dissemination of the infection has already occurred. It was also recognized that some of the old measures that were thought effective in communicable disease control in the past do not necessarily apply today.

The Committee was of the opinion that it is not practical for a physician to see each child before exclusion from school because of

suspected communicable disease. The feeling was general, however, that referral to the principal by the teacher of children with signs and symptoms of suspected disease was a worthwhile procedure.

RECOMMENDATIONS

So that this procedure may become a practicable one it is recommended that:

1. *Some individual or individuals in each school should be trained to screen suspected cases of communicable disease for exclusion from school in the absence of professional medical persons.*

2. *Principals should also participate in this training program.*

3. *The training course designed to equip teachers and principals to achieve desired facility in recognizing signs and symptoms of communicable disease should be developed jointly by the Board of Education and the Department of Health.*

4. *Teaching aids such as colored motion pictures of the various signs and symptoms of communicable disease and a handbook with colored plates should be developed.*

The Committee agrees that teachers and principals can be trained to recognize signs and symptoms of communicable disease in a relatively short time if adequate teaching aids are at hand.

The procedures suggest that children "suspected of having a communicable disease should be separated from well children in so far as possible, and should be separated from any other child who is suspected of having a communicable disease." The schools, in most instances, are not physically equipped to provide adequate isolation of children suspected of having a communicable disease.

5. *Isolation facilities should be provided in schools.*

6. *Under the classification of communicable diseases, the Committee wishes to draw attention to Group V, "Communicable Diseases and Contacts Excluded Only by Order of the Bureau of Social Hygiene and the Bureau of Tuberculosis of the Department of Health" Item* 20, *Gonorrheal Vaginitis. THE COMMITTEE RECOMMENDS THAT: In addition to gonorrheal vaginitis, all cases of gonorrhea should be reported.*

The effects which the attendance requirements have on communiable disease control were discussed. It was pointed out that in times of epidemics State aid continues for the children who are absent from school. Therefore, it is recommended that:

7. *The Superintendent of Schools work closely with the Commissioner of Health so that advantage may be taken of this aspect of the State aid program.*

8. *Lawful absences should be encouraged and barriers should not be placed in the way of teacher and students remaining away from school for communicable disease.*

9. *The formula for State aid should be revised to eliminate the penalty which is levied when children remain away from school because of illness.*

10. *The Board of Education and the Department of Health cooperate in both school and community programs of health education to achieve the desired results.*

Finally, coupled with the above recommendations, the Committee endorses the procedures outlined in Chapter 8, "The Control of Communicable Diseases" of the "Manual of Procedures for the School Health Services of New York City" as an adequate guide for procedures to control communicable disease in the schools.

X

Summary and Conclusions

The term Health Education as used in the public schools of New York City includes those areas of the curriculum designated as: 1) physical education; 2) health instruction including safety education; and 3) health service and guidance.

There is a wide variation in the curriculum offerings in Health Education among the schools on all school levels in the City of New York. This is due largely to lack of suitable facilities, lack of administrative planning, and to inadequate courses of study. The first need, then, becomes the provision for adequate facilities and the next step in the development of an adequate and satisfactory program is the establishment of standards and syllabi for all phases of Health Education. Committees of teachers on each school level, i.e., elementary, junior high, vocational high, and academic high school, working in cooperation with the Central Office and the Curriculum Council, should revise all syllabi in physical education, health instruction, accident prevention and safety education, driver education, and health service and guidance. The syllabi thus developed should be organized in units of work which will supply a well-organized, systematic and comprehensive course. They should be flexible, suggestive rather than prescriptive so that teachers may feel free to adapt their teaching to the varied needs of different pupils, classes, schools, and communities.

These syllabi should aid the teacher by suggesting readings, source material, visual aids, and other teaching aids for each unit of work. They should establish a definite educational progression. The pupil's level of experience and ability must be considered; and there should be utilization of meaningful actual life situations as learning environment. Activities rather than the acquisition of factual data should be the aim of all Health Education syllabi.

Provision for continuous evaluations of instructional materials should be made by the Central Office of the Department of Health Education. Standards should be developed for each phase of the program, and tests and measurements for evaluating results should be evolved by committees of teachers and supervisors working together. The personnel of evaluating committees should be changed from time to time to insure a more general teacher participation in curriculum development and evaluation of results of instruction.

A core curriculum in Health Education should be developed. The contributions of all subject fields to Health Education should be correlated and brought into supplementary relationship with one another to avoid the wasteful duplication and endless repetition currently in vogue. A coordinator should be assigned by each school administrator on the basis of preparation, experience, and interest to supervise the process of correlation and to coordinate the activities of the contributors to the core. Where there is a chairman of Health Education assigned to a school, he should perform this function; in other situations, the educational guidance functionary or the school health counsellor would be logical choices.

The Central Office of the Director of Health Education should be reorganized on a subject area basis. Assistant directors should be assigned as specialists in subject areas on all school levels, i.e., one for health instruction, one for health service, one for girls' physical education, one for boys' physical education, and one for physically handicapped pupils, rather than on the present arrangement by which they are assigned on the basis of individual school levels. In the interest of articulation, it is contended that specialization in a phase of Health Education and responsibility for an area from the first to the twelfth grade inclusive is superior to the present arrangement whereby one assistant director is responsible for all phases of Health Education on an individual level, i.e., one for elementary schools, one for junior high schools, one for vocational high schools, and one for academic high schools.

Sixteen field supervisors should work from the Director's office and should be responsible to him for the improvement of instruction of teachers in the schools. They should be assigned on a geographical area as follows: four for the Bronx, four for Brooklyn, four for Queens, three for Manhattan, and one for Richmond.

The responsibility of these field supervisors should extend also, to the coordination of interdistrict programs of competitive althletics, play days, pageants, water carnivals, and park fetes. They would act as a direct liason between the Central Office and the schools.

The Director's staff should be responsible for the in-service teacher-training program of Health Education teachers. There should be developed a close liason between the Director and his staff, and the teacher-training institutions in the metropolitan area, not only in the in-service training program, but also in the pre-service training of prospective candidates for teaching positions. The Director should make known to the teacher-training institutions in the metropolitan area the needs of teachers of Health Education peculiar to New York City so that these institutions may take steps to meet these needs of teachers and prospective teachers in New York City.

The school program should be extended until 5 P.M. each school day so that intramural athletics for girls and boys may be organized on

all school levels as the laboratory for the application of game skills learned in physical education classes. Programs of interschool competitive athletics should be set up, and safeguards against the exploitation of pupils in athletics by well-meaning but ill-advised community groups should be developed. Interschool competitive athletics on a tournament basis should not be permitted earlier than the first year of junior high school, but invitation games and contests, field days, play days, and pageants should be permitted on a non-tournament basis in grades five and six.

Swimming instruction should be made mandatory on all school levels wherever possible. In all new school buildings, swimming pools should be included in the original plans. All "A-type" buildings not equipped wtih pools should have them installed as soon as possible. Where pools do not presently exist in "B" and "C-type" buildings, the cost of renovation to install them would be prohibitive. Therefore, it is suggested that the schools utilize neighboring pools for swimming instruction wherever possible. Swimming instructors should be teachers of Health Education with a certificate of competency in swimming, life-saving, and water safety.

Regulation for providing schools with supplies and equipment and for making necessary repairs to gymnasium apparatus should be revised. Repairs to gymnasium and athletic field equipment should be done by a squad of mechanics recruited for that specific purpose and attached to the Bureau of Plant Operation, and Maintenance. The custodian of each school should be made responsible for the annual marking of gymnasium floors for physical activities.

A coordinating council for community recreation consisting of representatives of the Board of Education, the Park Department, the Police Athletic League, and other community agencies interested in community recreation programs should be formed. Its function should be to adjust problems arising out of the differences in rules of participation, in supervision, in exploitation of children, and such other factors as shall enter into the organization and maintenance of an effective community recreation program.

The health service program of the public schools on all school levels is a joint enterprise of the Board of Education and the Department of Health mandated by State Law. The activities and policies of both these organizations with regard to the school health program on a city-wide basis should be regulated by a coordinating council composed of representatives of each department, but the administration of the individual school health service program is the responsibility of the chief school administrator in each school.

A standardized time allowance in the schedule for Health Education based upon recommendations contained in Chapters I, II, and III of this

study should be made mandatory on a city-wide scale on all school levels. Time allotment should no longer be left to the discretion of school principals. A minimum time allowance of five periods a week in the schedule is recommended. This allowance is exclusive of the provisions advocated for swimming instruction and intramural and interschool athletics.

In the planning of new buildings, space and facilities for Health Education described in Chapters I, II, and III of this study should be incorporated in the original plans. In buildings already in use, renovations should be made to adapt existing space to the needs of the program. Where this is not possible, additions to existing buildings should be constructed. In any event, minimum space facilities for the program should include: 1) indoor gymnasium for each sex; 2) outdoor athletic field; 3) roof playagrounds; 4) locker rooms for each sex; 5) shower rooms for each sex; 6) swimming pool; 7) administrative offices for physical education; 8) individual health training rooms for each sex; 9) health service suite including such facilities as physical examination room, a dental examinaton office, a nurse's follow-up office, a health counsellor's office, wating room, emergency rooms for each sex, and washroom; 10) health instruction classrooms; and 11) storage rooms for gymnasium apparatus, athletic supplies, instructional materials, and office supplies.

In the modern philosophy of education, the school is envisaged as the center of community activities. Therefore, the building space and facilities of the Health Educaton Department should be planned for the use of adults in the evenings, and when the school is not engaged in the education of its children.

Each school should organize a school health council whose function it should be to coordinate the school health work and to maintain a healthful school environment. Membership on the school health council should include: 1) the chief school administrator; 2) the assistant school administrator; 3) the school health counsellor or chairman of the Health Education Department; 4) a teacher representative of each grade in a non-departmentalized organization or a teacher representative of each subject area in a departmentalized organization; 5) the guidance counsellor; 6) the school custodian; 7) the officers of the pupils' general organization; 8) the school doctor; 9) the school dentist; 10) the school nurse; 11) the school dental hygienist; 12) the officers of the parent-teachers organization; 13) the school dietician; and 14) in vocational schools, representatives of the vocational advisory board of local industries.

It is recommended that personnel in Health Education be required to have a Master's degree in education, with specialized training in health and physical education, or equivalent preparation to be determined by the Board of Examiners of the Board of Education of the City of New York.

Pupil-teacher ratios in conformity with those recommended in

Chapters I, II, and III of this study should be maintained. It is indefensible to assign teachers of Health Education to teaching schedules in excess of those assigned to other subject-matter teachers. It is likewise indefensible to assign to them pupil loads in excess of accepted standards. The maximum pupil-teacher ratios in the several phases of the Health Education program include: 1) one teacher to every fifty pupils per period in the gymnasium or on the athletic field; 2) one teacher to every forty pupils per period in swimming instruction and one teacher to thirty pupils in life-saving instruction and practice; 3) one shower attendant to every fifty pupils per period; 4) one teacher to every twenty-five pupils per period in individual health training of physically handicapped children; 5) one teacher to every thirty-five pupils per period in health instruction; and 6) one teacher to every seventy pupils in health guidance.

The school Health Education program cannot operate effectively in a vacuum. The wise school administrator should tap the resources of the community, and bring community health and welfare agencies into cooperative relationship with the school to the end that a more dynamic and vastly enriched health program should result. In effecting these cooperative relationships, the principal of the school must assume the leadership and the responsibility for coordinating the functions of community agencies with those of education. His first great task in this direction is that of developing sound public relations between the school personnel and the community. Upon the calibre of these relationships depends the success or failure of the Health Education program.

Among the community agencies with which the school should effect cooperating relationships are: 1) the Department of Health; 2) the New York Academy of Medicine; 3) the County Medical Societies; 4) the County Dental Societies; 5) the New York Public Health Association; 6) the County Tuberculosis and Health Associations; 7) the Department of Sanitation; 8) the Department of Marekts; 9) the Department of Water Supply, Gas and Electricity; 10) the Police Department; 11) the Fire Department; 12) the Park Department; 13) the American Automobile Association; 14) the Greater New York Safety Council; 15) the Museum of Natural History; 16) the Department of Welfare; 17) the Bureau of Motor Vehicles; 18) the American Heart Association; 19) the League for the Hard of Hearing; 20) the New York Association of the Blind; 21) the National Foundation for Infantile Paralysis; 22) the Health Education Bureaus of leading life insurance companies; 23) the Dairymen's League; 24) the Citrus Fruit Growers Association; 25) the American Meat Institute; 26) the local philanthropic organizations; 27) local industrial organizations; and 28) the local office of the United States Public Health Association.

If the deplorable health conditions throughout the nation, brought to light by reports of the Selective Service administration in both World

Wars are to be corrected and avoided, a dynamic program of health supervision, of correction of remediable defects, of instruction leading to sound health knowledge, habits and attitudes, and of developmental physical activities must be put into operation without delay. Thus only will American citizens of tomorrow be equipped to pass on to their children a heritage of sound health and will themselves be equipped to lead well-rounded and useful lives in the community. With this need in mind, the Survey of the Program of Health Education in the Public Schools of New York City has been made.

Appendix

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Richmond Hill H.S.
McNulty, John F.
Grover Cleveland H.S.
Malbin, William N.
Principal, P.S. 94B
Mansley, Mrs. Rose
Yorkville H.S. of
Women's Trades
Marchiano, Jay
Lafayette H.S.
Marten, Abraham
J.H.S. 44X
Mason, Gabriel
Principal,
Abraham Lincoln H.S.
Matheson, Margaret
New York Heart Association
Misch, Mrs. Robert
United Parents Association
Meissner, Wilhelmine
Bayside H.S.
Mones, Isidore L.
District Health Ed. Counsellor
Murphy, Kathryn
Jane Addams Voc. H.S.
Murphy, William
J.H.S. 228B
Murray, Anne
Principal, P.S. 146B
Nash, Jay B.
New York University
O'Brien, Frank J., M.D.
Associate Superintendent
Ocean, Samuel G.
Machine & Metal Trades H.S.
O'Donnell, Helena
Wm. Howard Taft H.S.
O'Leary, Walter E.
Director, Bureau of Attendance
Cambria, Sheila
Dist. Health Ed. Counsellor
Olsson, Nils
Theodore Roosevelt H.S.
Patterson, Rowland A.
Inspector of Pub. Sch. Athletics
Pigott, George F.
Associate Superintendent
Pincus, Max
Lafayette H.S.
Pohl, Elsa
Man. H.S. of Women's
Garment Trades
Quigley, James
Fort Hamilton H.S.
Raskin, Julius
Midwood H.S.
Ratshin, Jack
P.S. 195Q
Roman, Moe
Automotive H.S.

Ross, Herbert H.
Seward Park H.S.
Rudd, Nathan E.
District Health Ed. Counsellor
Ryan, Gladys P.
District Health Ed. Counsellor
Ryan, Loretta
Asst. Dir. of Health Ed.
Ryan, Monica D.
Principal, Far Rockaway H.S.
Saltman, Joseph C.
H.S. of Science
Saperstein, Louis
Food Trades Voc. H.S.
Sayre, Florence
Div. of Elementary Schools
Schmeig, Frieda M.
District Health Ed. Counselor
Schmidt, Gladys
Julia Richman H.S.
Schroff, Joseph
Principal, P.S. 188M
Shaw, John
Franklin K. Lane H.S.
Smith, Madeleine
Girls' Branch, P.S.A.L.
Smith, Ruth W.
John Adams H.S.
Spata, Nicholas
Forest Hills H.S.
Stahl, Elma H.
District Health Ed. Counsellor
Stix, Regina, M.D.
Department of Health
Stone, Eleanor G.
Textile H.S.
Strusser, Harry
Chief, Dental Division,
Department of Health
Taylor, Ruth
School Health Nursing Dept.,
Department of Health
Trace, Charles
Principal, P.S. 221B
Veit, William
Board of Education
Vogel, Jack
P.S. 83X
Walsh, Johanna
J.H.S. 40X
Wegman, Myron, M.D.
Department of Health
Wheatley, G.M., M.D.
Metropolitan Life
Insurance Co.
Westphel, Martha
Division of Elementary Schools
Wickman, Anne M.
Jamaica Vocational H.S.
Williamson, Pauline Brooks
Metropolitan Life
Insurance Co.
Wilson, Charles C., M.D.
Yale University
Woodhead, Mrs. Grace F.
District Health Ed. Counselor
Wynne, Pauline
P.S. 259B
Zachray, Caroline, M.D.
(deceased)
Director,
Bureau of Child Guidance
Zamkin, Hary O., M.D.
Academy of Medicine
Zahn, Ethel
P.S. 142Q
Zirbes, Dorothy
Port Richmond H.S.

Glossary

TERMS USED IN THE STUDY

Activity—An experience which contributes to the realization of the aims and objectives of education, or some aspect of learning.

Adjustment—An effort of establishing satisfactory relationships or of bringing things into harmony with each other.

Aim—A goal of life or of education.

Amount and Quality of Medical Services—Pertaining to the number of hours of medical service rendered and the degree to which medical service is offered—how far it shall go in diagnosis, treatment, and follow-up.

Area—A group of related life activities.

Articulation—Secured when all aspects of the program contribute with maximum effectiveness to the continuous and cumulative growth and development of pupils. Articulation is secured from an organizational point of view when all aspects of the system are coordinated.

Center of Interest—An aspect of living which is chosen for emphasis at a particular grade level.

Cooperating Community Health Agencies—Those agencies, public, semi-private and private, that cooperate with the Board of Education in the promotion of the school health program.

Coordination—Bringing instructional materials into such relationships as to result in a unified pattern.

Core Curriculum—Those required courses or activities which are made a part of the school offering for all pupils. Many schools have experimented wtih the core curriculum, using various forms. The term is generally applied at the secondary school level. The arguments for its consideration are that it provides for longer time period, permits cutting across subject lines, gives greater attention to pupil needs, makes possible a better understanding of pupils, since "core teachers" are with pupils for a longer period of time. The core may be taught by one teacher, or by several teachers collaborating. The organization of subject material contributed by several subject areas around a center of interest e.g., health, or fine arts, is often designated as a core.

Correlation—Organization of the curriculum to bring out mutual relationships existing among subjects, activities or fields.

Courses of Study (General)—A basic statement setting forth a teaching program including aims, objectives, content, etc., of a given subject or activity.

Course of Study (Official, New York City)—A brief outline of the philosophy, objectives, content, and activities in a subject, field, area, or grade.

Curriculum (General)—All the experiences—including all the subjects matter and skills—which are utilized by the school to further the aims of education.

Curriculum (Specific)—The organization and content of subjects or experiences for a pupil or a group of pupils.

Curriculum Area—A large division of the curriculum. For convenience, the following divisions are indicated: social studies, language arts, science, mathematics, art, music, health, physical activities and recreation, to name a few.

Education—The process of growth through experiences leading to the adjustment of oneself and the improvement of the environment.

Evaluation—The process by which the worth, soundness or value of an activity, and attitude, content, or process, is judged.

Extra-Curriculum—The curriculum extended into the after-session life of the child in the form of intra-mural and inter-school athletics.

Facilities—Equipment, furniture, supplies, devices and means by which the Health Education program might most expeditiously be accomplished.

Health Education—The sum total of experiences which favorably influence habits, attitudes and knowledge relating to individual, community, and racial health. School Health Education is that part of Health Education that takes place in school or *through efforts organized and conducted by school personnel.* Health Education as used in the Evaluative Study includes physical education, health instruction, health service, community and parental health education, and accident prevention and safety education.

Hygiene—The applied science of healthful living; it provides the basic scientific knowledge, along with biology, chemistry, civics, economics, general science, home economics, and home nursing, upon which desirable health practices are founded.

Health—In the human organism that condition which permits optimal functioning of the individual enabling him to live most and to serve best in personal and social relationships.

Health Guidance—A phase of the Health Service Program concerned with the adult leadership of pupils in the solution of their individual health problems.

Health Instruction—That organization of learning experiences directed toward the development of favorable health knowledges, attitudes, practices, and habits.

Health Service—All those procedures designed to determine the health status of the child, to enlist his cooperation in health protection and maintenance, to inform parents of the defects that may be present, to prevent disease, and to correct remediable defects.

Healthful School Living—A term that designates the provision of a wholesome environment, the organization of a healthful school day, and the establishment of such teacher-pupil relationships as make a safe and sanitary school, favorable to the best development and living of pupils and teachers.

Health Examination—That phase of health service which seeks thru examination by physicians, dentists and other qualified specialists to determine the physical, mental, and emotional health of an individual.

Implementation—The process of putting into action a program or plan.

Individual Differences—Variations in capacities, attitudes, temperament, and skill which exist in unique combination in each individual and characterize and distinguish each individual as a person.

Integration—Social—The unifying of the social group in the interests of social cooperation. *Individual*—The coordination of all individual powers for maximal personal efficiency; the unified, purposeful interaction of the individual with his environment. *Curriculum* Grouping of subject matter in an effort to make it possible for the learner to unify his experiences into a coherant whole (special usage).

Lesson Plan—A part of a unit covering one or more periods of teaching time.

Mental Hygiene—Concerned with helping the individual to make emotional adjustments which will enable him to operate efficiently, happily and usefully.

Objective—An end or goal useful in life to be achieved through the curriculum, method, etc.

Orientation—The act of helping an individual or group to understand the meaning or significance of an act, situation, or proposal.

Overview—A preliminary survey or examination of the content of an activity, a unit, a subject or a curriculum.

Parent Education—Seeks to render the following services to parents: to interpret to parents the findings of specialists in regard to various aspects of child and family life; to modify or change the attitudes of parents toward their children and their behavior; to act as a therapeutic device for relieving personal maladjustment; to arouse in parents an interest in civic affairs with a view to developing an alert, informed, participating democracy; and to provide a forum in which parents may verbalize their conceptions of the mores and attempt to adapt them to present conditions and trends.

Parent-Teacher Cooperation—This has a threefold purpose: to know the child through child study and parent education; to establish cooperation between the home, the schools and other educational agencies in education through shared participation by teachers and parents; and to control and build an environment for children and youth through the development of public opinion and civic activity.

Personality—The total characteristics of a person which distinguish him from other individuals.

Personnel—Teachers and supervisors assigned to promote the program of Health Education in the individual school.

Philosophy—An organized body of principles, beliefs, and viewpoints to serve as a guide to action.

Play—The term used to describe the distinctive attitude and approach wihch a person (the player) takes toward any activity (a game). In play it is the activity itself (process) rather than the results (achievement). In the best sense, it is the player who sets his own standards. He may work to improve his skill, but failure to achieve does not result in the loss of status. The significant outcome of play is the relaxation—physical and mental—which follows play and the absence of emotional attention related to the activity. The afterglow arising from engaging in play is an important aspect of the satisfaction derived.

Principle—A comprehensive statement, true without exception within the limits specifically stated, of a process or interaction, stated as a guide for teaching and for learning.

Program of Work—The organized program of studies and activities engaged in by pupil and teacher.

Pupil Activity—Since learning is an active process the degree to which the student participates in an experience determines the extent to which he learns from that experience. In the strictest sense no teacher can ever hope to teach anyone anything; the teacher's true function is to guide the child in learning.

Ranger Program—A program devised by the Health Education Department as a wartime training measure to improve the physical fitness of our junior and senior high school pupils in preparation for their participation in World War II.

Recreation—A general term used to encompass those activities engaged in both voluntarily and under direction including games, play rhythms, dancing dramatics, and like activities.

Safety Education—That education which teaches us to "avoid the common hazards of life that are avoidable and to face bravely those which cannot be avoided."

Sanitation—The application of scientific measures for improving or controlling the healthfulness of the environment.

Schedule, Daily—The plan of day-by-day activities of a class or a school. The schedule is sometimes known as the schedule of recitations, school program, schedule of classes, or daily plan.

School Level—Kindergarten to 6 is the elemenetary school level; 7-9 is the junior high school level; the academic and vocational high school levels both extend from 10-12 inclusive and are differentiated by curricula rather than age.

Science—Science embraces those experiences and content which have to do with natural and physical phenomena.

Secondary Education—Usually regarded as that education offered in the junior high school and the senior high school and, in some communities, in the junior college. Thus the grades included are from the 7th to the 12th or 14th, the ages from 12 to 18 or 20.

Space—As here used, areas both indoor and outdoor devoted to the Health Education program.

Supervision—The supervision of instruction refers to the means used by administrators, supervisors, and teachers to improve the teaching and learning process. There is today much greater reliance upon informal procedures than in the past and larger attention is given to the establishment of harmonies and effective work conditions and the establishment of effective human relations.

Syllabus—A guide which sets forth in some detail the aims, objectives, content, activities, general procedures and outcomes for a subject, field, area or grade.

Teacher Education—The activities that constitute preparation for, induction into, and improvement of members of, the teaching profession. This term is used in preference to the older term of "teacher training."

Term Plan—The adaption of the syllabus to local needs; allocating time for each topic, and including texts, reference, visual aids, and desired outcome.

Test—A device for measuring or evaluating the outcomes of an experience or determining the status of an individual or of a function.

Time Allotment—The approximate amount of time set aside for any school activity, subject, or enterprise.

Time Schedule—The time allotted to each subject or activity set up on a daily or weekly basis. Time schedules are now set up on a more flexible basis, permitting variation for individual schools and classes.

Unit—The unit of work is seen as a series of related experiences organized around a theme, subject matter, or child interest, to realize a dominant purpose. *Subject Matter*—Subject-matter units include those which are grouped for convenience into logically organized fields of knowledge, often around the usual textbook chapters or topics. Learning is based on the knowledge-mastery concept, and is directed toward the mastery of a division of subject matter. *Center of Interest*—This type of unit organization interweaves the materials from the various subject fields around a common center of interest. The treatment is varied, as are the subject-matter materials selected for correlation.